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SECRETARY OF THE AIR FORCE**

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Supplement 1**

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Medical

**THE AIR FORCE INDEPENDENT DUTY
MEDICAL TECHNICIAN PROGRAM AND
MEDICAL SUPPORT FOR MOBILE MEDICAL
UNITS/REMOTE SITES**

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This instruction implements AFD 44-1, *Air Force Medical Operations*. It applies to all Independent Duty Medical Technicians (IDMTs), all personnel who support mobile medical units (MMUs)/remote sites, and all USAF Medical Treatment Facilities (MTFs), including the Air National Guard (ANG). This publication does not apply to the US Air Force Reserve Command (AFRC), individual mobilization augmentees, and other individual reservists administered by HQ ARPC. Get approval from Headquarters Air Force Medical Operations Agency/Clinical Quality Management Division (HQ AFMOA/SGOC) 110 Luke Avenue Suite 400, Bolling AFB DC 20332-7050 for any supplements. Send comments and suggested improvements on AF Form 847, **Recommendation for Change of Publication**, through channels, to HQ AFMOA/SGOC, 110 Luke Avenue Room 405, Bolling AFB DC 20332-7050.

(AETC) AFI 44-103, 1 January 1999, is supplemented as follows:

This supplement provides procedures for the support, management, and administration of the independent duty medical technician (IDMT) program in AETC. It applies to all AETC units, including any AETC-gained Air National Guard (ANG) units. It does not apply to the Air Force Reserve Command. Maintain and dispose of records created as a result of processes prescribed in this publication in accordance with AFMAN 37-139, *Records Disposition Schedule* (will become AFMAN 33-322, Volume 4). The reporting requirement in this publication, paragraph **1.7.6. (Added)**, is exempt from licensing in accordance with AFI 33-324, *The Information Collections and Reports Management Program; Controlling Internal, Public, and Interagency Air Force Information Collections*.

SUMMARY OF REVISIONS

This document is substantially revised and must be completely reviewed.

This revision reflects the ongoing changes in the AF Independent Duty Medical Technician (IDMT) program; the title has been changed to better define the product line; (**Chapter 1**); OPR and certifier's office symbols have been updated (paragraph **1.1.**); 882nd Training Group is identified as OPR for USAF IDMT Medical and Dental Treatment Protocols (paragraph **1.2.**); identifies the OPR for review of formal support agreements (**1.3.5.**); identifies Air National Guard OPR/POC for IDMT positions and sites (**1.3.9.**); adds MTF/HMTF responsibilities (**1.5.**); adds additional physician preceptor training responsibilities (**1.6.**); Host Medical Treatment Facility Staff Assistance Visit (SAV) Report is assigned a report control symbol—RCS: HAF-SGW(SA)9812. (**1.5.13.**); adds additional IDMT training requirements (**1.7.**); adds reporting/supervision requirements for junior medical personnel assigned to medical aid stations (**1.8.**); (**Chapter 2**); specifies source documents outlining scope of care (**2.1.**); adds additional circumstances when IDMT must contact physician preceptor (**2.2.**); adds additional surgical procedures that are not within the IDMTs scope of care (**2.3.**); adds specific medication administration guidance (**2.4.**); clarifies injection therapy guidelines (**2.5.**); adds required emergency treatment items that must be present when immunizations are administered (**2.6.**); adds specific instructions when treating nonmilitary personnel (**2.7.**); adds additional wellness/health promotion activities (**2.10.**); changes chapter to outline dental services support. (**Chapter 3**); redefines MTF/HMTF senior dental officer responsibilities (**3.2.**); redefines MTF/HMTF administrator TRICARE training responsibilities (**4.1.**); adds guidelines when hiring non-military physicians (**4.2.**); eliminates requirement for monthly report of patients (AF Forms 235 and 235a) (**4.1.17.**); adds specific IDMT Personnel Reliability Program responsibilities (**4.3.**); adds specific resource management support responsibilities in a new chapter (**Chapter 5**); updates Public Health Support requirements IAW Centers for Disease Control guidelines (**Chapter 7**); adds updated Bioenvironmental Engineering Services responsibilities in the occupational and radiological health programs (**8.3.**); adds specific training and education requirements to include defining refresher/skills maintenance training (**9.2.**); adds IDMT program monitor responsibilities (**Chapter 10**); adds new definition of IDMT Preceptor supervision and terminology and titles used in this document have been updated to reflect the changes in the AF Medical Service (**Section C- Terms**); revamps sample HMTF support plan (**Attachment 2**); adds letter for inventory of controlled substances (**Attachment 5**); adds Independent duty medical technician refresher training program guidelines (**Attachment 6**); adds quality/self-inspection checklist for IDMT support monitors (**Attachment 7**).

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Chapter 1

MEDICAL SUPPORT RESPONSIBILITIES

1.1. Office of the Air Force Surgeon General. Headquarters United States Medical Operations Agency/(AFMOA/SGOC) and Headquarters United States Air Force/Directorate of Force Management (HQ USAF/SGW) are responsible for setting policy for medical support at mobile medical units (MMUs), remote sites, and medical contingencies.

1.2. The 882nd Training Group. The 882nd Training Group (Sheppard AFB TX) in coordination with HQ AFMOA/SGOC is the OPR for the USAF IDMT Medical and Dental Treatment Protocols and USAF IDMT Authorized Drug List (AFMAN 44-103).

1.3. The Command Surgeon (MAJCOM/SG, ANGRC/SG):

1.3.1. Gives MAJCOM policy, clinical, and technical guidance to support MMUs, remote sites, MTFs, and IDMTs assigned within their commands.

1.3.2. Designates a Host Medical Treatment Facility (HMTF) to give medical and resource support for each MMU and remote site.

1.3.2. (AETC) The following AETC medical treatment facilities (MTF) are responsible for these IDMT sites:

1.3.2.1. (AETC) 59th Medical Wing (59 MDW), Lackland AFB TX, for the 343d Training Squadron (343 TRS), Det 1, Camp Bullis Medical Aid Station, Camp Bullis TX.

1.3.2.2. (AETC) 59 MDW, Lackland AFB TX, for the 737th Training Support Squadron (737 TRSS), Warrior Week, Lackland AFB TX.

1.3.2.3. (AETC) 92d Medical Group (92 MDG) (AMC), Fairchild AFB WA, for the 336th Training Support Squadron (336 TRSS) Survival School, Fairchild AFB WA. Scope of responsibility and support is addressed in a host/tenant agreement. The 336 TRSS flight surgeon is responsible for professional oversight of all survival school IDMT activities. The 336 TRSS is responsible for maintaining its own IDMT program monitor and education and training department.

1.3.2.4. (AETC) 20th Medical Group (20 MDG) (AMC), Travis AFB CA, for the 173d Medical Squadron (173 MDS) (ANG), Klamath Falls, Oregon.

1.3.3. Coordinates with other command surgeons to arrange medical support for an MMU or remote site when no HMTF is available within the same command.

1.3.4. When requested by the HMTF, assists with on-site support or relief for IDMTs who have projected leave, are ill, or will be absent due to training requirements.

1.3.5. Designates the Command Medical Service Manager or designated representative as the OPR to review formal support and host tenant agreements, monitors IDMT training/certification status, coordinates command staff assistance visits, and establishes a MAJCOM list of references and publications, to include [Attachment 1](#) and MAJCOM supplements.

1.3.5. (AETC) The command medical service manager will also coordinate with the ANG medical service manager on all ANG IDMT oversight issues.

1.3.6. Ensures the Command Medical Service Manager or a designated representative visits assigned IDMTs at each MMU or remote site that has an IDMT at least once every two years.

1.3.7. Visits to sites with physicians assigned will be accomplished following MAJCOM supplements.

1.3.7. (AETC) HQ AETC/SG or designated representative conducts, as a minimum, annual provider staff assistance visits (SAV) to the 336 TRSS Survival School and forwards documentation to the command medical service manager.

1.3.8. The MAJCOM Surgeon may authorize substitutions to the IDMT drug list in keeping with the standard of care established by the treatment protocols and based upon local conditions and drug availability within the supply system. These substitution shall in no way broaden the scope of care of IDMTs.

1.3.9. All Air National Guard IDMT positions, IDMT sites, and HMTF training agreement affiliations will be validated through ANG/SG, 3500 Fetchet Ave, Andrews AFB, MD

1.4. The MTF/Host Medical Treatment Facility (MTF) Commander:

1.4.1. Ensures IDMTs receive skills maintenance training as described in paragraph **9.2.3.** of this instruction.

1.4.2. Establishes controls to ensure IDMTs only operate within the scope of care as defined in AFMAN 44-103, USAF IDMT Medical and Dental Treatment Protocols.

1.4.3. Ensures IDMTs are not utilized as Primary Care Managers (PCMs) and that training does not interfere with their primary responsibilities as defined by their assigned duty position.

1.4.4. Appoints an IDMT Program Monitor [4N0XX or 4F0XX, preferably with Special Experience Identifier (SEI) 496] to manage the support program and to monitor training/certification of all assigned IDMTs.

1.4.5. Designates in writing a physician preceptor for IDMTs assigned to MMUs, Remote Sites, and MTF/HMTFs.

1.4.6. Ensures all facility IDMTs (All 4N0X1s, Staff Sergeant through Master Sergeant who possess SEI 496) maintain current certification in support of worldwide contingency taskings (i.e., CE Civic Action Teams, Southwest Asia, Joint Task Force – Full Accounting, etc.)

1.4.6. (AETC) The requirement for IDMTs assigned to the 336 TRSS and ANG-assigned IDMTs to acquire or maintain current weapons qualification; immunizations; and nuclear, biological, and chemical training in support of worldwide contingency taskings is waived. These IDMTs will receive “Just In Time” training to fulfill this requirement when necessary.

1.4.7. Ensures that appropriate representatives provide adequate support to MMUs and remote sites as established by memorandums of understanding or host tenant support agreements.

1.4.8. Identifies, resolves, and prevents problems involving medical requirements or treatment.

1.4.9. Consults with the MAJCOM Medical Service Manager or designated representative to resolve problems that cannot be resolved by the local site or MTF/HMTF.

1.4.10. Ensures all assigned IDMTs (All 4N0X1s, Staff Sergeant through Master Sergeant who possess SEI 496) receive skills maintenance training in order to provide care in the MTF/fixed sites/MMUs and are actively involved in patient care, including taking histories, performing physical examinations, formulating treatment plans using protocols under supervision of an assigned preceptor who is a privileged provider.

1.4.11. Ensures that MTF provider orientation includes familiarization with IDMT duties and scope of care.

1.5. MTF/HMTF Responsibilities :

1.5.1. Operating Instructions (OIs) and Procedures. The HMTF defines, in writing, OIs and procedures for each MMU, remote site, or deployed location where assigned IDMTs are supported. The OIs and procedures will cover professional, technical, and administrative duties and plans for carrying out site functions. MTFs will also establish instructions detailing locally specific IDMT scope of care issues and its plan for conducting both initial and refresher/skills maintenance training.

1.5.1. (AETC) Each unit will provide informational copies of current operating instructions and procedures to the AETC medical service manager.

1.5.2. Budgeting for Remote Sites. The HMTF medical resource management office (RMO) budgets all necessary medical and dental funds to support each location, to include required certification and ongoing education for IDMTs within their area of responsibility. The requesting MMU or the remote site's organization is responsible for funding manning assistance required in support of its IDMT(s).

1.5.3. Equipment and Supplies. The HMTF provides each supported site with medical and dental equipment, and supplies compatible with the type, quality, and level of care provided.

1.5.3.1. The RMO budgets funds for nonmedical supplies provided by the HMTF.

1.5.4. Staffing. Only certified IDMTs may provide MMU/remote site support or relief to other IDMTs when on leave, ill, or absent due to training. For MMUs/remote sites with only one IDMT assigned, the HMTF provides one of its own certified IDMTs on a TDY basis if the MMU/remote site IDMT is absent for any reason. When unable to do so, the HMTF commander contacts the MAJCOM Medical Service Manager or designated representative for assistance.

1.5.5. Planning IDMT Leave. The HMTF develops a system for planning ordinary leave. The HMTF arranges TDY staffing at the request of the MMU/remote site commander in coordination with the HMTF commander.

1.5.6. Certification. The designated MTF/HMTF physician preceptor recommends and the Chief of Medical Staff certifies IDMTs to treat medical disorders using AFMAN 44-103, *USAF IDMT Medical and Dental Treatment Protocols*. The designated dental preceptor certifies IDMTs to treat dental disorders using AFMAN 44-103, *USAF IDMT Medical and Dental Treatment Protocols*.

1.5.6. (AETC) For 336 TRSS, the 336 TRSS flight surgeon is designated as the certifier for all assigned IDMTs and the 336 TRSS physician assistant is designated as the trainer for all assigned IDMTs. For 173 MDS, the ANG 173 MDS flight surgeon is designated as the certifier for all assigned IDMTs and the ANG 173 MDS physician assistant is designated as the trainer for all assigned IDMTs.

1.5.7. Monitoring. The IDMT Program Monitor, using [Attachment 7](#), conducts staff assistance visits and ensures compliance with this instruction.

1.5.8. Maintaining Reference Books. The MTF/HMTF ensures current reference materials as identified in [Attachment 1](#) and by MAJCOM/SG OPRs are available, updated, and replaced when necessary.

1.5.9. HMTF Support Plans. HMTF support staff develops a support plan for each MMU/remote site in the format shown in [Attachment 2](#). Exception: MMUs that are co-located with the HMTF while in garrison. The HMTF coordinates the plan with MMU/remote site personnel and forwards it to the Command Surgeon's Office for approval. The HMTF will resubmit plans or page changes for MAJCOM approval as changes in support occur.

1.5.10. Staff Assistance Visits (SAVs) to MMU/Remote Sites. The physician preceptor, dental preceptor, IDMT program monitor, pharmacy representative, PH, BE, administrative services, and others as needed, will conduct SAVs to MMUs/remote sites in accordance with MAJCOM/SG policy and HMTF support requirements. All site visits will include inservice education in the specific functional area and will be documented on the report of site visit. The senior SAV member will outbrief the MMU/remote site commander on findings and recommendations and leave a draft copy of the SAV report.. The SAV team will submit written reports on remote site visits through the HMTF commander to the appropriate MAJCOM's SG within 10 duty days of the visit. MAJCOMs may provide self-assessment checklists as a tool for Medical Aid Station (MAS) and HMTF IDMT programs. This may or may not be part of the MAJCOM supplement to this AFI.

1.5.10. (AETC) Host medical treatment facilities (HMTF) conduct, as a minimum, annual SAVs to the IDMT sites listed in paragraphs [1.3.2.1.](#), [1.3.2.2.](#), and [1.3.2.3.](#) of this supplement.

1.5.11. Evaluating MAJCOM Special Interest Items. The HMTF evaluates command interest items during each visit and ensures the site is following the prescribed standards, policies, and procedures for such items.

1.5.12. SAVs to Units Without IDMTs/MASs. Remote units without IDMTs/Medical Aid Stations (MASs) normally require less assistance than units or remote sites with IDMTs/MASs. HMTF SAVs should emphasize preventive medicine programs and ensure unit personnel are aware of procedures for obtaining care. Site visits will be made by Public Health (PH), Bioenvironmental Engineering (BE), and administrative personnel, at least annually, but more frequently if dictated by circumstances. MAJCOM OPRs determine the frequency of site visits to these locations. After visits, the senior SAV member will outbrief the unit commander on findings and recommendations.

1.5.13. HAF-SGW(SA)9812, Host Medical Treatment Facility Staff Assistance Visit (SAV) Report. The HMTF commander sends a SAV report to the MMU/remote site commander, IDMT, and Command Medical Service Manager within 10 working days following a SAV (see [Attachment 3](#)). This report is designated emergency status code is C-2; continue reporting during emergency conditions, normal precedence. This report is not affected by MINIMIZE.

1.6. Physician Preceptor .

1.6.1. Enforces policy and establishes procedures to ensure MTF IDMTs receive skills maintenance training with the PCM preceptor.

1.6.2. Provides professional guidance and support to the IDMT and trains the IDMT in all areas of medical treatment related to the IDMT's scope of care as determined by the prescribed USAF IDMT Medical and Dental Treatment Protocols.

- 1.6.3. Establishes procedures which the IDMT must follow when referring medical emergencies beyond the IDMT's capabilities (all emergencies are referred).
- 1.6.4. Evaluates medical care provided by non-government/contract physician for compliance with Joint Commission for the Accreditation of Health Care Organizations and Air Force guidelines.
- 1.6.5. Evaluates medical care provided by foreign contract physicians to ensure contract and local medical standards are met.
- 1.6.6. Provides feedback to site commanders on individual IDMT's duty performance.
- 1.6.7. Under urgent circumstances, physician preceptors or on-call physicians and dental preceptors may recommend deviation from the prescribed USAF IDMT Medical and Dental Treatment Protocols. This must be done only in direct contact with physician or dentist on a case by case basis.

1.7. The Independent Duty Medical Technician (IDMT):

- 1.7.1. MTF IDMTs are considered trainees under the auspices of the physician preceptor per guidelines of paragraph **9.2.3.**
- 1.7.2. Perform patient examination and treatment procedures in preceptor-supervised training situations within the MTF, only within the established scope of care as defined by the AFMAN 44-103, *USAF IDMT Medical and Dental Treatment Protocols*.
- 1.7.3. Perform patient examination and treatment procedures at remote sites, MMUs, and deployed in the absence of an assigned medical officer within the scope of care as established by the USAF IDMT Medical and Dental Treatment Protocols and under the medical control of the physician and dental preceptor.
- 1.7.4. The senior IDMT at the MAS/MMU is designated the NCOIC of the MAS/MMU and reports directly to and coordinates with the commander on all medical care and support for personnel at the designated MMU/remote site.
- 1.7.5. Receives initial IDMT orientation/certification, quarterly ongoing IDMT skills maintenance training (facility [4N0X1 Staff Sergeant through Master Sergeant] IDMTs only), annual IDMT refresher training/certification, and biennial NREMT reregistration training at the MTF/HMTF or other approved site, regardless of duty location. When assigned to an MMU and not deployed or conducting unit specific training, performs duties in the HMTF to practice and refine IDMT skills. MMU/Remote Site IDMTs should not perform additional duties that may result in a conflict of interest or that detract from their primary role as the unit/site medical representative. Obtains and maintains National Registry of Emergency Medical Technicians (NREMT) Certification, Basic Life Support (BLS) instructor status through the American Heart Association or American Red Cross (AHA/ARC), and Self-Aid and Buddy Care (SABC) instructor training, regardless of duty location. IDMTs are also strongly encouraged to maintain current certification in Advanced Cardiac Life Support and Pre-Hospital Trauma Life Support.
- 1.7.6. (Added-AETC)** The senior IDMT at each site listed in paragraphs **1.3.2.1.**, **1.3.2.2.**, and **1.3.2.3.** of this supplement provides a quarterly "How Goes It Update" report to the HMTF IDMT program monitor and command medical service manager, preferably via e-mail. The 336 TRSS Survival School IDMT program monitor will provide a quarterly "How Goes It Update" report directly to the command medical service manager on the 15th day of the month following the quarter (i.e., January, April, July, and, October). The report will contain the following sections:

1.7.6.1. (AETC) Number of IDMTs authorized/assigned.

1.7.6.2. (AETC) Grade, name, and date arrived station (DAS) of assigned IDMTs.

1.7.6.3. (AETC) Grade, name, and duration of temporary duty (TDY) HMTF IDMTs who filled in for the assigned IDMTs who were on leave, TDY, etc.

1.7.6.4. (AETC) Grade, name, and report not later than date (RNLTD) of inbound IDMTs. Also provide the projected dates of their 3-week HMTF orientation (see paragraph [9.1.1.1.](#), as supplemented).

1.7.6.5. (AETC) Grade, name, title, and/or branch of service of other medical personnel (civilian, contract, or other Department of Defense [DoD]) who routinely work at the site.

1.7.6.6. (AETC) Number of assigned active duty members, family members, and civilian government employees.

1.7.6.7. (AETC) Number of patients seen, broken down by groups (for example, active duty members, civilian employees, or other).

1.7.6.8. (AETC) Noteworthy medical events. **NOTE:** Due to Privacy Act considerations, do not use patient names or social security numbers.

1.7.6.9. (AETC) Issues, initiatives, and general comments.

1.8. Supervision of Enlisted Medical Personnel assigned to an MAS/MMU: The senior IDMT will report on all junior medical personnel assigned to the MAS/MMU.

Chapter 2

CLINICAL SERVICES SUPPORT

2.1. Medical Treatment.

2.1.1. IDMTs perform all medical and dental treatment using the AFMAN 44-103, *USAF IDMT Medical and Dental Treatment Protocols*. These protocols, in conjunction with the current 4N0XX/4F0XX CFETP, define the scope of care for USAF IDMTs. Physician preceptors or on-call physicians and dental preceptors, may under urgent circumstances, recommend deviation from the prescribed USAF IDMT Medical and Dental Treatment Protocols, however, this deviation must be documented on the SF 600, **Health Record - Chronological Record of Medical Care** entry. Patients with chronic problems are referred to a physician or dentist as appropriate. Physician and Dental preceptors give IDMTs written instructions defining their involvement in caring for patients with these conditions.

2.1.2. Telemedicine Technology Use by IDMTs. With MAJCOM approval and in coordination with the designated physician preceptor fixed facility, mobile unit, and contingency operations IDMTs may use telemedicine technology when available.

2.2. Physician Communication. The IDMT must immediately contact the HMTF physician preceptor or physician-on-call in the following circumstances:

- 2.2.1. In any circumstance where a patient may have lost consciousness or where the patient's level of consciousness was altered.
- 2.2.2. Deaths, emergencies, and hospital admissions/transfers.
- 2.2.3. When in doubt about a diagnosis or treatment.
- 2.2.4. Prior to evaluating any obstetrical or gynecological (OB-GYN) disorder.
- 2.2.5. When dispensing any medication coded MD on the IDMT authorized drug list.
- 2.2.6. Any other questionable situation.
- 2.2.7. Animal bites (see 7.1.4.)

2.3. Minor Surgical Procedures. The IDMT's scope of care is limited to suturing minor wounds and opening and draining small abscesses. The IDMT may not suture lacerations crossing a vermilion border, the eyelid, cartilage such as the ear or nose, openings over joint spaces that involve tendons or where deep muscle is exposed, the genital or anal region, and the palms of hands or soles of feet. In cases where not reapproximating a wound may be detrimental to the patient, consult a physician preceptor. Before performing any minor surgical procedure the IDMT or any other provider must obtain the patient's consent on OF 522, **Request for Administration of Anesthesia and for Performance of Operations and Other Procedures**.

2.4. Medications. Based on the AFMAN 44-103, *USAF IDMT Medical and Dental Treatment Protocols*, AF IDMT Authorized Drug List and the scope of services to be offered by each remote site or IDMT, the

HMTF Pharmacy and Therapeutics Committee/function determines the appropriate medication authorization. MTFs/HMTFs may make the list more restrictive than the USAF IDMT Authorized Drug List.

2.4.1. Additions to AF IDMT Authorized Drug List. The HMTF forwards any recommended additions to the USAF IDMT Authorized Drug List to the MAJCOM Surgeon's Office for review and approval with input from a physician, pharmacist, and nurse.

2.4.2. The IDMT dispenses medications as authorized by the HMTF, MAJCOM, USAF, and Department of Defense/Health Affairs directives.

2.4.3. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires that all medications dispensed by non-pharmacy staff must follow the same procedures as if the drugs were dispensed by the pharmacy. The IDMT may only dispense controlled substances under the direction of a physician. Specific physician instructions will be documented in the health care record and entered into the electronic patient profile (CHCS) if available. The patient must countersign the prescription, acknowledging receipt of the controlled substance and understanding of instructions provided. Prescription containers for all legend drugs must be appropriately labeled with the patient name, name of provider, date issued, directions for use, quantity dispensed, and also must include appropriate cautionary labels to ensure safe, effective use of the medication by the patient. Documentation of patient counseling about proper utilization, storage, possible side effects, adverse effects, warnings, precautions, and interactions must be included either in the medical record or annotated on the AF Form 781, **Multiple Item Prescription**. If patients decline counseling, document that fact in the patient medical record or on the AF Form 781. IDMTs may dispense appropriately labeled and approved over-the-counter (OTC) medications IAW paragraph 2.4.2..

2.4.4. IDMTs assigned to MMUs dispense medications only at a deployed locations.

2.4.5. (Added-AETC) Develop a site formulary from the approved drug list. The formulary should consist of a preface and the list of drugs. The preface will contain general policies governing how the IDMT will dispense medications, to include the hours of operations; policies on writing, filling, and refilling prescriptions; and processing called-in prescriptions (see AFI 44-102, *Community Health Management*).

2.4.6. (Added-AETC) IDMTs assigned to the 336 TRSS maintain a limited pharmacy and only fill onsite prescriptions for survival students. All other prescriptions are filled at the 92 MDG.

2.4.7. (Added-AETC) IDMTs assigned to the 343 TRS at Camp Bullis and 737 TRSS at Warrior Week maintain and operate a pharmacy at the Camp Bullis medical aid station. Prescriptions are filled for students and, on a limited basis, for permanent party members.

2.4.8. (Added-AETC) The 173 MDS will maintain a satellite pharmacy of the HMTF. A site formulary should be developed from HMTF-approved formulary consistent with policies governing how the IDMT will dispense medications. The formulary will consist of a preface and a listing of drugs. The preface will contain policies on writing, filling, and refilling prescriptions and on processing called-in prescriptions. Prescriptions are filled for students, permanent party, and other service members entitled to care.

2.4.9. (Added-AETC) All requirements for preceptor contact prior to dispensing medications according to the basic publication apply to all AETC IDMTs.

2.5. Injection Therapy. IDMTs do not provide immunotherapy therapy (allergy extract, gold therapy, etc.) The IDMT may administer injections when prescribed by a physician and in accordance with the AFMAN 44-103, *USAF IDMT Medical and Dental Treatment Protocols* to alleviate suffering or to stabilize the medical condition so that the patient may be comfortably evacuated to the designated MTF. IDMTs must store syringes and hypodermic needles in a secure area. Final disposition of used, disposable hypodermic syringes and needles will be accomplished following HMTF guidelines.

2.6. Immunizations. IDMTs administer routine immunizations only when a privileged provider is immediately available. Host nation physicians may fulfill this requirement IAW with MAJCOM guidance. The IDMT must keep an anaphylactic (allergic reaction) emergency treatment tray in the treatment room/injection area at all times (see [Attachment 4](#)).

2.6.1. (Added-AETC) IDMTs assigned to AETC IDMT functions or sites. **EXCEPTION:** IDMTs at 336 TRSS Survival School can administer the Tetanus Toxoid while a provider is on site; IDMTs at 343 TRS may administer flu shots when a provider is on site.

2.6.2. (Added-AETC) ANG IDMTs can provide routine immunizations in support of air expeditionary force (AEF) and mobility requirements when a provider is on site. IDMTs must, however, have current advanced cardiac life support (ACLS) certifications and documentations of required recurrent training.

2.7. Treatment of Nonmilitary Personnel. The IDMT does not treat family members, retirees, contract personnel, or personnel who are not authorized to receive medical service at government expense, except in an emergency when it is necessary to preserve life and limb. In all cases, after emergency treatment of such personnel, the IDMT refers them immediately for definitive care. Record all emergency medical care statistically as outpatient workload and document on SF 600, **Health Record - Chronological Record of Medical Care**. **Exception:** In short-term contingency operations an IDMT may, with MAJCOM/SG approval, provide care for deployed DoD, government civilian employees and contractors, MEDCAP/ Humanitarian missions when requested and no other care is available.

2.7.1. Each HMTF assists satellite unit IDMTs with establishing procedures to collect funds from pay patients receiving emergency treatment.

2.7.2. Family member beneficiaries must be treated by a local host nation physician using TRICARE programs or military MTFs. HMTFs must provide specific instructions if host nation physicians write prescriptions the IDMT fills

2.7.3. IDMTs may perform routine blood pressure checks and assist with Putting Prevention into Practice programs for nonmilitary personnel as directed by the HMTF. Also see [9.2.3.3](#).

2.7.4. They may also assist nonmilitary personnel in being evaluated by a credentialed provider using TELEMEDICINE equipment when the encounter is appropriately documented in the health care record. HMTFs provide detailed instructions (OIs) for IDMTs utilizing TELEMEDICINE equipment.

2.8. Treatment by Nonmilitary Physicians. To arrange for treatment by nonmilitary physicians, the HMTF commander must:

2.8.1. Get approval from the MAJCOM/SG for all contracts.

2.8.2. Provide for consultations and diagnostic studies not available from the HMTF according to AFI 44-101, *Obtaining Medical and Dental Care from Civilian Sources*.

2.9. Clinical Quality Improvement Activities at MMUs/Remote Sites:

2.9.1. The HMTF Chief of Medical Staff appoints a Clinical Quality Improvement Program Monitor for each MMU/remote site and establishes procedures for physician preceptor review of IDMT medical record entries IAW MAJCOM guidance.

2.9.2. The monitor ensures the quality of care by IDMTs is evaluated by the appropriate quality services function at the HMTF.

2.10. Health and Wellness/Health Promotion Activities.

2.10.1. The IDMT will consult with the Health and Wellness Center (HAWC) and HAWC Staff to provide information, materials, and instruction to unit personnel in the following areas:

2.10.2. Self-Care/Self-Examination

2.10.3. Health and Wellness (Modification of Heart Disease Risk Factors)

2.10.4. Nutrition (IDMTs may be trained to provide nutritional counseling to assist with weight management programs IAW AFI 44-135, *Clinical Dietetics*.)

2.10.5. Smoking Cessation - The HMTF may authorize prescription of nicotine patches in conjunction with a complete smoking cessation program.

2.10.6. Physical Fitness (Cycle Ergometry; "Exercise Injury Prevention.")

2.10.7. Stress Management

2.10.8. Alcohol abuse

2.10.9. Suicide Awareness

2.10.10. SG Prevention Initiatives

Chapter 3

DENTAL SERVICES SUPPORT

3.1. The Command Dental Surgeon (MAJCOM/SGD):

3.1.1. Designates HMTFs responsible for dental support at remote sites.

3.1.1. (AETC) HMTF dental support for AETC IDMT sites is the same as in paragraphs **1.3.2.1.**, **1.3.2.2.**, and **1.3.2.3.** AETC IDMTs provide emergency dental care within their dental protocols. Dental patients are then referred to their respective dental clinics for all routine and followup dental care. The IDMT documents recommended treatment deviations to include the authorizing provider's full name and grade on AF Form 644, **Record of Dental Attendance**, and in the patient's dental record on SF 603, **Health Record - Dental**, and 603A, **Health Record - Dental - Continuation**.

3.1.2. Designates certain remote sites for limited on-site dental care, depending on the size of the active-duty population and the availability of dental equipment.

3.2. The MTF/HMTF Senior Dental Officer.

3.2.1. Appoints a dental preceptor for MTF IDMTs as well as for each remote site/MMU. These dentists may supervise more than one remote site or MMU. The HMTF sends copies of preceptor appointment letters to the IDMT Program Monitor and the IDMT.

3.2.2. Provides or arranges for dental care for active duty personnel assigned to MMU/remote sites.

3.2.3. Ensures dental OIs cover the treatment protocols for providing dental services at remote sites.

3.2.4. Addresses requests from site commanders to review dental issues at remote locations.

3.2.5. Reviews contracts that outline the dental services provided by civilians for active duty patients.

3.2.6. Ensures that the dental preceptor conducts at least semiannual support visits to remote sites unless otherwise specified in the MAJCOM approved site support plan.

3.3. The Dental Preceptor:

3.3.1. Provides professional guidance and support to the IDMT.

3.3.2. Serves as the IDMT's dental supervisor and trainer and is identified by placing his/her signature and initials on AF Form 623a, **On-The-Job Training Record Continuation Sheet**. Certifies IDMTs to treat dental disorders using AFMAN 44-103, *USAF IDMT Medical and Dental Treatment Protocols*.

3.3.3. Oversees the MTF dental component of initial and refresher IDMT training. Supervises a mobile dental team that may provide general dental treatment to personnel at remote sites identified by the MACJOM Dental Surgeon.

3.3.4. Evaluates patients who need comprehensive care and determines if referral is necessary.

3.3.5. Establishes procedures by which the IDMT can refer dental emergencies that are beyond the IDMT's capabilities. Ensures that the IDMT has the current name and telephone number of the dental preceptor and back-up and notifies the IDMT immediately of any changes.

3.3.6. Evaluates dental care provided by civilians for compliance with applicable guidelines.

3.4. The IDMT.

3.4.1. Treats dental conditions according to established AFMAN 44-103, *USAF IDMT Medical and Dental Treatment Protocols*.

3.4.2. Dental Preceptors may approve deviations from prescribed dental treatment protocols however, this deviation must be documented on AF Form 644, **Record of Dental Attendance**.

3.4.3. Assists with appointments, as instructed by the remote-site dental preceptor.

3.4.4. Establishes, in coordination with the remote site dental preceptor, a preventive dentistry program for the remote site personnel.

3.4.5. Maintains dental equipment and supply levels commensurate with the dental care provided with approval of the HMTF/SGD.

3.4.6. Contacts MTF/HMTF in an emergency case (e.g., fracture or oral injury), for advice on appropriate initial treatment and stabilization until patient is evacuated to a dental care treatment facility.

3.4.7. Reviews dental classes and examination data from dental record to ensure appropriate patient disposition.

Chapter 4

ADMINISTRATIVE SERVICES SUPPORT

4.1. Managed Care (TRICARE). The MTF/HMTF Administrator (or representative), develops OIs that address as a minimum the following topics (as they apply to the remote site):

- 4.1.1. Inprocessing and outprocessing personnel (to ensure compliance with all applicable directives).
- 4.1.2. Personnel being reassigned to another remote site.
- 4.1.3. Outpatient records maintenance and management.
- 4.1.4. Procedures for medical/dental review prior to extension or in-place continuous overseas tour at a remote location.
- 4.1.5. Line of duty (LOD) determination and procedures.
- 4.1.6. Third Party Liability Program.
- 4.1.7. Managed Care Programs (TRICARE).
- 4.1.8. Overseas clearance processes.
- 4.1.9. Release of information.
- 4.1.10. Reporting significant events and hospitalizations.
- 4.1.11. Nuclear Weapons Personnel Reliability Program (PRP). (This written guidance must create a clear link between the site's program and the HMTF's program).
- 4.1.12. Aeromedical procedures
- 4.1.13. Outpatient records. The IDMT:
 - 4.1.13.1. Screens and monitors the medical records of all active duty site personnel and maintains all medical and dental records according to HMTF established OIs.
 - 4.1.13.2. Uses written guidance for quality control and records review.
- 4.1.14. Line of Duty (LOD) Determinations. The IDMT follows procedures, guidance, and check-lists to begin both the administrative informal, and formal LOD process.
- 4.1.15. Third Party Liability.
 - 4.1.15.1. The MTF/HMTF: Works with base legal personnel to establish procedures to identify potential third-party liability cases treated at the remote site.
 - 4.1.15.2. The IDMT:
 - 4.1.15.2.1. Clearly marks and identifies records as third-party liability cases after they are so designated.
 - 4.1.15.2.2. Completes documentation and forms for each visit, as detailed in the relevant OI.
- 4.1.16. Managed Care Programs. The IDMT:

4.1.16.1. Gives patients information on the Managed Care Programs, including TRICARE information pamphlets that are available through the HMTF TRICARE Service Center. IDMTs will not attempt to counsel individuals on problem cases.

4.1.16.2. Obtains copies of the TRICARE handbooks, with the assistance of the Health Benefits Advisor (HBA) at the HMTF, for distribution to patients.

4.1.16.3. Assists the patient or sponsor in contacting the TRICARE Service Center to address/resolve TRICARE issues.

4.1.17. Patient Accountability. The IDMT accounts for each patient visit by having patient names entered on a patient log following local reporting instructions. Deployed units report patient count to the HMTF or MTF Resource Management Office when their deployment ends, unless otherwise directed.

4.2. Hiring Nonmilitary Physicians. The HMTF may hire civilian physicians on an intermittent or part-time basis, for duty at remote sites after obtaining approval by MAJCOM/SG. The hiring sites maintain time and attendance records according to existing instructions and locally established procedures. HMTF personnel assist the site in hiring physicians by working with local civilian personnel offices. Any request for information from a non-government or contract physician must be approved by the Office of Management and Budget (OMB) using procedures in AFI 37-124, *Controlling Internal, Public, and Interagency Air Force Information Requirements*.

4.3. Nuclear Weapons Personnel Reliability Program (PRP). The IDMT is an essential team member for units with a PRP program. The IDMT must ensure 100% health records maintenance compliance with DoD 5210.42, *Nuclear Weapon Personnel Reliability Program*, AFI 36-2104, MAJCOM, and HMTF guidelines.

Chapter 5

MEDICAL RESOURCE MANAGEMENT SUPPORT

5.1. Cost Center Manager (CCM). As a CCM, the IDMT gets written guidance from the MTF/HMTF Resource Management Office (RMO) in a CCM guide. The guide contains information on:

- 5.1.1. The Department of Defense (DoD) Resource Management System.
- 5.1.2. Developing budgets for all categories of expenses, including travel, medical and nonmedical supplies, and equipment.
- 5.1.3. Implementing budgets, including expense listings, their interpretation, obligation or expense authority documents, and accounting and finance support documents.
- 5.1.4. Obtaining medical/dental care from civilian sources.

5.2. Orientation and Training. IDMTs receive initial, follow-up, and refresher/skills maintenance training in cost center management from the MTF/HMTF.

5.3. CCM Meetings. The HMTF resource manager sends the IDMT appropriate information for budget projections, expense equipment listings, and copies of the HMTF CCMs meeting minutes.

Chapter 6

MEDICAL LOGISTICS SUPPORT

6.1. Medical Supplies. The IDMT obtains medical materiel from the HMTF Medical Logistics activity in the same manner as MTF using elements. MOMEDLOG, if made available by the HMTF Medical Logistics Activity, may be used to automate inventory management. A list of approved medical supply items is signed by the HMTF Commander or designee for the MMU/remote site and maintained by the IDMT. A copy is forwarded to the HMTF Medical Logistics activity. Quantities on hand will not normally exceed a 30 day supply unless a greater amount is the smallest quantity that can be ordered.

6.1.1. Controlled Items. The IDMT uses the same storage, issue, accounting and inventory procedures and precautions for controlled drugs as a nursing unit, including AF Forms 579, **Controlled Substances Register**. A separate form is used for each controlled drug. The HMTF commander advises the MMU/remote site commander of special requirements for controlled drugs. The MMU/remote site commander or representative (E-7 or above, but not an IDMT) designated by letter (**Attachment 5**) inventories on-hand controlled substance balances monthly by comparing stock on-hand to entries on each AF Form 579, **Controlled Substances Register** provided by the HMTF Medical Logistics activity or pharmacy. Annotate inventory results on the register. Report discrepancies immediately to the MMU/remote site commander and the HMTF Commander.

6.1.2. Biennial (every two years) Review of Controlled Substances. The Comprehensive Drug Abuse Prevention and Control Act of 1970 requires an inventory of all controlled substances beginning 1 May 1971 and every two years thereafter. The inventory officer/senior NCO designated by the MMU/remote site commander prepares a certificate to show the date of inventory, signature of the person conducting the inventory, and the site commander. Attach a copy of the inventory results to the certificate.

6.2. Medical Equipment. The IDMT obtains medical equipment and medical maintenance support from the HMTF.

6.3. Professional Medical References. The IDMT may order professional medical references from the HMTF Medical Logistics activity IAW locally established guidelines.

6.4. Nonmedical Supplies and Equipment. The IDMT normally obtains nonmedical supplies and equipment from the closest base supply activity. With concurrence of the HMTF Medical Group Commander or designee, the IDMT may use medical funds to obtain nonmedical items through the HMTF Medical Logistics. Request maintenance of nonmedical equipment through supporting civil engineer and/or communications organizations. If not available, the site commander will arrange for contract repair.

6.5. Excess Materiel. IDMTs turn in, to the HMTF Medical Logistics activity, any medical materiel no longer required.

6.6. Vehicles. Medical vehicles for MMU/remote sites are authorized according to TA 012 (Vehicles). Vehicles and repairs are provided by the host transportation officer. Request assistance from the HMTF vehicle control officer.

6.7. Contract Services. Sites obtain medical contract services (if required) through formal contracts processed through the HMTF.

Chapter 7

PUBLIC HEALTH SUPPORT (PH)

7.1. PH Visits to Evaluate Health Hazards. The HMTF, regardless of MAJCOM affiliation, will arrange for PH support to evaluate the potential health risk to Air Force and other DoD personnel from workplace and community environments, evaluate the adequacy of controls, and recommend changes in controls, as needed. The HMTF PH will determine effectiveness of IDMT performance of PH functions, and any special training requirements, and provide training as needed. The functions of the agencies and individuals involved in health risk determinations are described in the sections that follow. The recommended PH SAV frequency is semiannual unless the MAJCOM POC determines a less frequent schedule is appropriate. This schedule will be annotated in the HMTF Support Plan ([Attachment 2](#), paragraph [A2.2.4.4.](#)).

7.1. (AETC) The Public Health (PH) SAV frequency schedule is at least annually at the 336 TRSS and 343 TRS and should coincide with the Bioenvironmental Engineering (BE) SAV. 59 MDW/SGPB and SGPM flights support the 737 TRSS Warrior Week IDMT functions on an as-needed basis.

7.1.1. (Added-AETC) PH personnel assigned to ANG IDMT sites will provide daily oversight of required PH functions.

7.2. PH Activities. The IDMT must be familiar with the PH portion of the HMTF Site Support Plan. The IDMT must have readily available the names and telephone numbers of the HMTF PH personnel. The IDMT daily carries out responsibilities in these PH areas.

7.2.1. Epidemiology. Monitor disease and injury incidence and prevalence. Promptly reports significant trends to the unit/remote-site commander and PH office at the HMTF.

7.2.2. Communicable Disease Reporting. Maintain a list of reportable diseases and conditions. Notifies PH of any individual with a reportable disease and condition. Maintain a confidential log of all reported cases at the MMU/remote site or deployed location. The log is the basis of communicable-disease trend analysis and for recommendations to the unit/remote-site commander. Follow the general procedures for communicable-disease control in the current edition of *Control of Communicable Disease in Modern Man*.

7.2.3. Sexually Transmitted Diseases. Consult physician preceptor for all suspected or known cases of sexually transmitted diseases. Conduct contact interviews and treatment follow-up. Consult the HMTF PH office for guidance in notifying sexual contacts who are not eligible for DoD health care. Reference AFI 48-106, *Prevention and Control of Sexually Transmitted Diseases*.

7.2.4. Zoonoses Control. Ensure that all dogs and cats on the installation receive rabies immunization. Obtaining rabies immunizations for pets is an owner responsibility. When an animal bites or scratches a person, the IDMT gathers all pertinent facts from the patient and, if possible, the animal owner. The IDMT immediately refers the incident to HMTF PH office, the physician preceptor, and the veterinarian for evaluation. Record the facts on DD Form 2341, **Report of Animal Bite Potential Rabies Exposure**, when the patient receives initial treatment. Ensure personnel prescribed rabies vaccination completes series as scheduled. Reference AFI 48-105, *Control of Communicable Disease*.

7.2.5. Medical Entomology. Determine the source and prevalence of pests that could affect the health and well being of unit/remote site personnel. The HMTF PH staff provides procedural guidance and assistance for this task.

7.2.6. Food Safety Program.

7.2.6.1. Food Inspection. Inspect appropriate food products at the time of delivery to ensure wholesomeness and compliance with requirements. Annotate each vendor's delivery invoice as follows: "Inspected by _____ Independent Duty Medical Technician, (date)." Inspect deliveries of government-owned subsistence from host bases for temperature requirements, sanitary condition of vehicle, and obvious transit damage. Contact HMTF PH if there are any concerns regarding this program. Reference AFI 48-116, *Food Safety Program*.

7.2.6.2. Foodborne Illness Investigation. Investigate and report to HMTF PH all incidents of suspected foodborne illness following the Centers for Disease Control and Prevention and HMTF guidelines.

7.2.6.3. Food-Service-Facility Sanitation. Inspect all food preparation, storage, or on-base commercial outlets for sanitary practices in the presence of the facility manager or representative. Document all evaluations using AF Form 977, **Food Facility Evaluation**, in duplicate. The IDMT leaves one copy with the facility manager and keeps the original. The IDMT sends a copy of any unsatisfactory reports to the unit/site commander and contacts the HMTF PH staff to discuss follow-up action for unsatisfactory facilities.

7.2.6.4. Foodhandler Training. Either provide and document initial and annual foodhandler training or turns training and documentation over to the food-facility supervisor or PH personnel from the HMTF. HMTF PH staff must approve course training materials offered by supervisors or IDMTs. During remote-site visits, the HMTF PH staff provides training to food facility supervisors and IDMTs.

7.2.7. Public Facilities Sanitation.

7.2.7.1. Barber/Beauty Shops and Gymnasiums. Inspect remote site barber/beauty shops and gymnasiums following AF, MAJCOM and HMTF policies and instructions. Leave copies of satisfactory reports with the facility supervisor and keep the original in the MAS files. Route a copy of all unsatisfactory reports through the unit/remote site commander. The HMTF PH staff determines the frequency of inspections.

7.2.7.2. Dormitories. Inspect unit/remote site dormitories when requested by the organization commander or first sergeant, limiting inspections to the basic structures and public areas of the dormitory. Send a written report to the unit/remote site commander and retain a copy for the MAS files.

7.2.8. Clinical Occupational Health Programs.

7.2.8.1. Occupational Health Consultations. Inform the safety officer NCO of patient illness or injury that may have been job related. Request assistance from the HMTF PH/BE staff to determine whether the patient has an occupational illness or injury.

7.2.8.2. Occupational Health Education. Ensure supervisors are aware of potential occupational hazards, protective clothing and equipment, and safe work practices. Public Health staff

provides supervisors further assistance and refers them to sources for obtaining occupational-health educational materials. Supervisors are responsible for educating their workers.

7.2.8.3. Occupational Health Examinations/Preventive Health Assessment. Assist the Physical Examination Section at the HMTF in determining requirements and conducting occupational physical examinations/preventive health assessments on military and civilian workers.

7.2.8.4. Hearing Conservation Program. Include all personnel identified by the HMTF PH staff in the hearing conservation program and advise them to wear proper ear-protection devices when needed. Fit individuals with earplugs and educate them on the hazards of noise and the proper use and wear of hearing protection devices.

7.2.8.5. Reproductive Health Program. Includes Pregnant Women in the Work Environment (Fetal Protection Program). Consult with the physician preceptor and the HMTF PH staff for guidance.

7.2.8.6. Hazard Communication Program. Coordinate with the HMTF PH staff, which provides hazard communication training to supervisors. Obtain specific information and training requirements from AFOSH Standard 161-21, *Hazard Communication*.

7.2.8.7. Bloodborne Pathogen Program. Adhere to the requirements of the HMTF exposure control plan for the prevention of exposure to bloodborne pathogens. Obtain initial and refresher/skills maintenance training. Promptly report all exposures to the HMTF.

7.2.8.8. TB Detection and Control Program (Airborne Pathogens). With the assistance of the HMTF accomplish a Tuberculosis (TB) risk assessment and exposure control plan for the MMU/remote site MAS and adhere to those requirements. Obtain initial and refresher training from the HMTF for TB (airborne pathogen) control program. IDMTs will be trained and certified to perform PPD detection tests. Training will be accomplished by the Allergy/Immunization Clinic personnel at the HMTF/ MTF during IDMT orientation. These tests may be performed on personnel as part of the PCS outprocessing or food handlers program. Consult the physician preceptor and notify PH at the HMTF in cases of positive tuberculosis skin tests. Reference 48-115, *The Tuberculosis Detection And Control Program*.

7.2.9. Family Home Day Care (FHDC) Program - Applicant Screening: Follow HMTF guidelines for medical screening of applicant and the applicant's family.

7.2.10. Medical Intelligence Program. Provide medical intelligence/preventive medicine briefings to deploying/deployed personnel assigned to the MMU/remote site using references approved by the HMTF, Medical Intelligence Officer or NCO.

Chapter 8

BIOENVIRONMENTAL ENGINEERING (BE) PROGRAM SUPPORT

8.1. BE Visits to Evaluate Health Hazards. The HMTF, regardless of MAJCOM affiliation, will arrange for BE support to evaluate the potential health risk to Air Force and other DoD personnel from workplace and community environments, evaluate the adequacy of controls, and recommend changes in controls, as needed. The HMTF BE will determine effectiveness of IDMT performance of BE functions, and any special training requirements, and provide training as needed. The functions of the agencies and individuals involved in health risk determinations are described in the sections that follow. The recommended BE SAV frequency is semiannual unless the MAJCOM POC determines a less frequent schedule is appropriate. This schedule will be annotated in the HMTF Support Plan ([Attachment 2](#), paragraph [A2.2.4.5](#)).

8.1. (AETC) The BE SAV frequency schedule is at least annually at the 336 TRSS and 343 TRS and should coincide with the PH SAV. 59 MDW/SGPB and SGPM flights support the 737 TRSS Warrior Week IDMT functions on an as-needed basis.

8.1.1. (Added-AETC) BE personnel assigned to ANG IDMT sites will provide daily oversight of required BE functions.

8.2. Community Environment

8.2.1. Potable Water

8.2.1.1. The Civil Engineer provides potable water to the site. The IDMT should be familiar with the source, treatment system, and distribution system for the entire remote site. The IDMT at the site will periodically accompany the site's water treatment plant/distribution system personnel during sanitary inspections of the potable water system. The HMTF BE will review the inventory of cross connection control and backflow prevention devices for proper hazard assessment.

8.2.1.2. If required, IDMTs collect samples of potable water for chemical and radiological analyses at the direction of the HMTF BE.

8.2.1.3. IDMTs will perform bacteriological analyses of potable water samples at the direction of the HMTF BE and in accordance with state, federal, or Overseas Environmental Baseline Guidance Document Final Governing Standards (OEBGD FGS) requirements. IDMTs also make chlorine residual and pH determinations at each bacteriological sampling location using field test kits. HMTF BE personnel will verify the IDMT is proficient in performing these analyses. If the BE determines the IDMT is not proficient, the HMTF BE will establish a training program to upgrade the IDMT.

8.2.2. Wastewater Collection, Treatment, and Disposal.

8.2.2.1. The Civil Engineer oversees wastewater collection, treatment, and disposal. The HMTF BE visits and checks the wastewater treatment plant, if applicable, during remote site visits. The IDMT should also be familiar with these operations to facilitate identification of problems. If problems are noted, the IDMT will follow up with the appropriate agency.

8.2.2.2. Waste Collection and Disposal. The Civil Engineer is responsible for waste collection and disposal. The IDMT at the remote site will monitor and report potential improper waste disposal, such as mixing hazardous waste with domestic waste.

8.2.2.3. Swimming Pools, Hot Tubs, Saunas, and Natural Bathing Areas. IDMTs at the remote site will maintain oversight of the sanitary conditions of recreational waters and hot tubs under Air Force jurisdiction. The IDMT will conduct pre- and post-season inspections, weekly inspections, bacteriological sampling and testing, to include both chlorine residual and pH determinations. Chlorine and pH determinations may be conducted by trained lifeguards or other designated personnel; the IDMT will ensure these are performed properly. The IDMT is authorized to approve natural swimming areas in coordination with the HMTF BE.

8.3. Occupational and Radiological Health Programs. The HMTF BE advises the IDMT at the remote site on site specific occupational and radiological health monitoring responsibilities, including but not limited to industrial hygiene, control of hazardous materials, radioactive material handling/use and non-ionizing radiation health precautions.

8.3.1. The HMTF BE conducts site, work area or process evaluations as identified in the HMTF site support plan; coordinates visits with the site commander and workplace supervisors. The IDMT at the supported site will accompany the BE during site visits and conduct follow-up visits if necessary.

8.3.2. With assistance from the HMTF and BE, the IDMT will educate workers on the health hazards in their workplace.

8.3.3. Workplace case files and facility folders will be maintained IAW HMTF guidance.

8.3.4. The IDMT will monitor the use of required personal protective equipment (PPE) and advise workers/supervisors when PPE needs maintenance or replacement. The IDMT will monitor the use and effectiveness of engineering and administrative controls.

8.3.5. The IDMT will be alert for potential confined spaces. These will be identified to the HMTF BE for evaluation, prior to entry.

8.3.6. The IDMT will closely monitor potential job related medical problems to determine if worker's symptoms could be caused by their work environment.

8.3.7. Radiological Health. The HMTF BE will ensure the IDMT knows the site specific ionizing and non-ionizing radiation exposure control requirements. The HMTF BE will be consulted on radioactive materials shipping and disposal procedures. The IDMT will immediately report all suspected overexposure incidents to the HMTF BE for investigation. The IDMT will run the Thermoluminescent Dosimeter (TLD) Program where required.

8.3.8. Respiratory Protection Program. The remote site IDMT will manage a respiratory protection program in accordance with guidance provided by the HMTF.

8.3.9. Hearing Conservation (HC) Program. The remote site IDMT will manage the HC program IAW HMTF guidelines.

Chapter 9

TRAINING AND EDUCATION

9.1. IDMT Orientation/Certification:

9.1.1. All newly graduated IDMTs (all 4N0X1s, Staff Sergeant through Master Sergeant, who possess SEI 496 and 4F0X1 personnel who are currently assigned to Squadron Medical Element (SME) positions and possess SEI 496) will participate in an orientation and certification program of at least three weeks duration at the MTF/HMTF. The MTF/HMTF prepares a written orientation guide for participants, that outlines required learning objectives and evaluations during the orientation/certification process. The refresher program in [Attachment 6](#) may be used as a guide. During this process, the IDMT will spend time with the physician and dental preceptors who will certify that the IDMT is competent to provide the medical and dental treatment according to the approved USAF IDMT Medical and Dental Treatment Protocols. Flight Surgeon SMEs are the 4F0X1 SME's physician preceptor. In addition, IDMTs are oriented and trained by support and ancillary staff members.

9.1.1.1. For 4N0X1 IDMTs who are inbound to an overseas remote site/MMU, ensure the PCS processing code (PPC) 9XN is entered on the permanent change of station (PCS) orders and individual IDMTs are aware they must report to the HMTF for a 3-week HMTF orientation prior to their report not later than date (RNLTD) to the site.

9.1.1.1. (AETC) IDMTs assigned to the sites listed in paragraphs [1.3.2.1.](#) through [1.3.2.3.](#) will attend the entire 3-week HMTF orientation course in one 3-week period. (The 3-week orientation will not be divided into separate visits.) Specific training topics include, at a minimum, all items listed in [Attachment 6](#), basic publication. IDMTs assigned to the 336 TRG and 737 TRSS will receive mission-specific orientation within their respective units. Maintain documentation of this orientation in the IDMT's 6-part training folder.

9.1.1.2. For facility IDMTs (all 4N0X1s, Staff Sergeant through Master Sergeant, who possess SEI 496), MAJCOM/SG will determine when orientation occurs. The orientation program for previously certified IDMTs will be tailored to the individual's needs.

9.1.1.2. (AETC) Orientation for IDMTs assigned to AETC MTFs will be completed NLT 90 days after arrival. Orientation for IDMTs assigned to ANG units will be completed 120 days after arrival.

9.1.1.3. (Added-AETC) Refresher training for all AETC IDMTs assigned to IDMT functions or MTFs will be conducted annually and include topics listed in [Attachment 6](#), this publication. At a minimum, quarterly patient care exposure will be conducted under supervision of the respective physician preceptor.

9.2. Refresher/Skills Maintenance Training:

9.2.1. The MTF/HMTF provides an annual two week (minimum) refresher course for all assigned IDMTs ([Attachment 6](#)). All 4N0X1s, Staff Sergeant through Master Sergeant and selected Senior Master Sergeants when required by the duty position, who possess SEI 496 must maintain their certification, for remote site backup, TDY manning assistance, and mobility contingencies. Only 4F0X1

personnel who are currently assigned to SME positions and possess SEI 496 must maintain this certification.

9.2.2. Annual refresher training emphasizes basic life support (BLS); emergency medical technician (EMT) skills, and examination and treatment of patients under physician or dental preceptor supervision. This training will include BE and PH knowledge and skills.

9.2.3. Physician Preceptor supervised IDMT clinical refresher/skills maintenance training/MTF: (this training applies to facility IDMTs).

9.2.3.1. Only currently certified IDMTs may be allowed to examine and treat patients. This is not a substitute for annual refresher training.

9.2.3.2. This training will occur, as a minimum, one full day per quarter in the MTF. IDMTs may provide care more frequently if deemed necessary by the MTF/HMTF Commander in order for the IDMT to maintain IDMT skills and proficiency.

9.2.3.3. IDMTs will assess and treat only active duty patients with acute, minor conditions, according to all IDMT protocols and operating instructions (OIs). The physician preceptor or designated credentialed health care provider will provide supervision and guidance. At the provider's request, the IDMT may be scheduled for additional training as needed.

9.2.3.4. Central appointments may book appointments for this training. Specific guidance must be made available to ensure only active duty patients with acute, minor illnesses and injuries are booked with the preceptor with the understanding that the IDMT will participate in the care of these patients.

9.2.3.5. Preceptor supervised training includes as a minimum:

9.2.3.5.1. A case presentation by the IDMT to the preceptor for every patient encounter.

9.2.3.5.2. A face-to-face interaction between the preceptor and the patient to confirm assessment, diagnosis, treatment plan and customer satisfaction.

9.2.3.5.3. Completion of the medical record entry to include the preceptor counter signature prior to the patient departing the facility.

9.2.4. IDMT quarterly training and annual refresher training will be documented on the AF Form 623a, **On-The-Job Training Record Continuation Sheet** in the IDMT's Enlisted Training and Competency Folder and signed by the Physician Preceptor.

9.3. Just-in Time Training. Appropriate "just in time" training will be given immediately prior to deployment when required.

9.4. Inservice Education:

9.4.1. Visiting HMTF or command representatives conduct inservice education in their functional areas during MMU/remote site visits.

9.4.2. The SAV members document the inservice education in the SAV report.

9.4.3. IDMTs will document all inservice training in their Enlisted Training and Competency Folder (6-part folder).

9.5. NREMT Reregistration Training: The IDMT is responsible for maintaining NREMT certification. The HMTF provides a schedule of EMT continuing education and inservice training classes, seminars, and workshops.

9.6. IDMT Temporary/Permanent Decertification Procedures.

9.6.1. Make recommendations for temporary/permanent IDMT decertification to the MTF/HMTF Chief of the Medical Staff. The Physician or Dental Preceptors (as appropriate), Chief Nurse Executive, senior 4N0XX, and MTF/HMTF IDMT Program Monitor review the recommendations. A consensus recommendation is made to the MTF/HMTF Commander. Immediately notify the MAJCOM Medical Service Manager in writing of any temporary decertifications and document in the individual Enlisted Training and Competency Folder.

9.6.2. When warranted, MTF/HMTF Commander requests permanent IDMT decertification from the MAJCOM/SG. Requests are evaluated by the Command IDMT Physician, Command Nurse Executive, Command Medical Service Manager/Superintendent. A consensus recommendation is made to the MAJCOM/SG.

9.6.3. When warranted, MAJCOM/SGs will permanently decertify IDMTs. The IDMT is notified of decertification by letter. A copy of this letter is posted in the Enlisted Training and Competency Folder. The IDMT has ten duty days in which to provide a written rebuttal to the MTF/HMTF Chief of the Medical Staff. If this rebuttal uncovers extenuating circumstances that require further discussion, the Chief of the Medical Staff will advise the Command IDMT Physician and Command Medical Service Manager of this delay. If after this delay the MTF/HMTF Chief of the Medical Staff determines the rebuttal is not valid he/she will recommend that the MAJCOM/SG proceeds with permanent decertification actions. The IDMT SEI 496 is withdrawn. Notify HQ AFPC/DPAAD2 when IDMTs are decertified to prevent future IDMT assignments.

9.7. SEI Removal. The SEI 496 will not be removed from any individual without prior MAJCOM/SG action to permanently decertify the IDMT.

Chapter 10

IDMT PROGRAM MONITOR

10.1. The IDMT Program Monitor:

10.1.1. Must be a qualified OJT Task Certifier who will serve as the certifying official for Part II, **Attachment 8** of the 4N0X1 CFETP. Experience as an IDMT is desirable. If an IDMT is not assigned to the MTF the commander chooses an experienced 4N0XX or 4F0XX to manage the program.

10.1.2. Ensures IDMTs are Nationally Registered EMTs, hold current BLS certification, are trained in ACLS (recommended), and are Self-Aid and Buddy Care training instructors.

10.1.3. Ensures newly assigned IDMTs get appropriate (determined by MAJCOM/SGs) MTF/HMTF orientation, enabling IDMTs to meet section personnel with whom they will be in frequent contact during their tour. Verifies that orientation uses a standardized checklist. Upon completion of the orientation and certification period, all IDMTs complete an evaluation that measures their ability to deliver health care and perform other ancillary/administrative duties.

10.1.3. (AETC) HMTFs will determine the appropriate length of orientation for any IDMT in a TDY status. Consideration should be given to the IDMT's current certifications, site mission, and experience level.

10.1.4. The program monitor is the certifying official for tasks in Part II, **Attachment 8** of the CFETP.

10.1.5. The functional area representative is the trainer for their specialty. The program monitor adds the following statement to the 623a for Chief of the Medical Staff's certification statement, "the IDMT has been trained to treat specific medical conditions in accordance with the current USAF IDMT Medical and Dental Treatment Protocols". If the individual has been previously certified, evaluate current abilities and provide additional training where appropriate.

10.1.6. Adds the following statement to the AF Form 623a: "The IDMT has been trained to treat specific dental conditions in accordance with the current USAF IDMT Medical and Dental Treatment Protocols".

10.1.7. Oversees IDMT compliance with infection control, bloodborne pathogens, MTF employee health, and other medical/nursing practice standards.

10.1.8. At MTFs that are not designated by the command surgeon to support a remote site/MMU:

10.1.8.1. Ensures all IDMTs (4N0X1s SSgt through MSgt and 4F0X1s currently assigned to SME positions and possess SEI 496) complete an annual two-week (minimum) refresher course by their IDMT certification anniversary month.

10.1.8.2. Ensures MTF IDMTs (4N0X1s SSgt through MSgt who possess SEI 496) accomplish proficiency training as specified in paragraph [3.2](#).

10.1.9. (Added-AETC) To ensure that completed, formal IDMT training and the award of the special experience identifier (SEI) is annotated in each IDMT's military personnel record, the IDMT program

monitor will provide a copy (front and back) of the IDMT course certificate to the servicing military personnel flight.

10.2. At designated Host Medical Treatment Facilities:

10.2.1. Ensures the HMTF functional areas provide remote site support as identified in the site support plan.

10.2.2. Advises the HMTF Commander of the medical service activities/limitations of each supported remote site.

10.2.3. Schedules and coordinates SAVs. Maintains and distributes a master schedule of SAVs for all supported sites. Coordinates with other areas (TRICARE, medical logistics, BE, PH, etc.) to schedule combined visits as often as possible. Maintains copies of all SAV reports and ensures follow-up actions are accomplished.

10.2.4. Every two years, coordinates review of the HMTF Support Plan and OIs pertinent to remote site operations. Sends the HMTF Site Support Plan, after review by the HMTF Commander, to the MAJCOM/SG Command Medical Service Manager for review.

10.2.5. Maintains a six-part MMU/Remote Site folder for each MMU/remote site supported. The remote site monitor ensures that all information and data are current. The six-part folder includes:

10.2.5.1. Part 1. Copy of the HMTF Support Plan, site profile, and letters of appointment for physician and dental preceptors.

10.2.5.2. Part 2. IDMT Self-Assessment checklist. ([Attachment 7](#)) Copy of MAS orientation checklist from site.

10.2.5.3. Part 3. Staff Assistance Visits (SAVs) and any other inspection reports. (copy of most recent report from each inspecting agency)

10.2.5.4. Part 4. IDMT job-description and performance standards (may be subdivided for junior and senior IDMTs).

10.2.5.5. Part 5. Record of continuing education and training (e.g., CPR/BLS, NREMT, etc.) for all IDMTs assigned to the site.

10.2.5.6. Part 6. Miscellaneous correspondence. (Quarterly reports, etc.)

10.3. 11. Forms Prescribed:

AF Form 555, **Patient Log**

AF Form 579, **Controlled Substances Register**

AF Form 623a, **On-The-Job Training Record Continuation Sheet**

AF Form 644, **Record of Dental Attendance**

AF Form 781, **Multiple Item Prescription**

AF Form 977, **Food Facility Evaluation**

OF Form 522, **Request for Administration of Anesthesia and for Performance of Operations and Other Procedures**

SF Form 600, **Health Record - Chronological Record of Medical Care, Version 1** DD Form 2341, **Report of Animal Bite Potential Rabies Exposure**

10.4. (Added-AETC) Forms Adopted. SF 603 and 603A, and AF Form 644.

CHARLES H. ROADMAN II, Lt General, USAF, MC
Surgeon General

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 41-1, *Health Care Programs and Resources*

AFPD 44-1, *Medical Operations*

AFI 24-301, *Vehicle Operations*

AFI 24-302, *Vehicle Maintenance Management*

AFI 25-201, *Support Agreements Requirements*

AFI 31-209, *Air Force Resource Protection Program*

AFI 36-2102, *Base-Level Relocation Procedures*

AFI 36-2104, *Nuclear Weapons Personnel Reliability Program*

AFI 36-2201, *Developing, Managing, and Conducting Training*

AFI 36-2910, *Line of Duty (Misconduct) Determination*

AFI 37-124, *Controlling Internal, Public, and Interagency Air Force Information Requirements*

AFI 41-101, *Medical and Dental Care*

AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System (MHSS)*

AFI 44-102, *Community Health Management*

AFI 44-108, *Infection Control Program*

AFI 44-135, *Clinical Dietetics*

AFI 47-101, *Managing Air Force Dental Services*

AFI 48-101, *Aerospace Medical Operations*

AFI 48-106, *Prevention and Control of Sexually Transmitted Diseases.*

AFI 48-115, *Tuberculosis Detection and Control Program*

AFI 48-116, *Food Safety Program*

AFI 48-117, *Public Facility Sanitation*

AFI 48-119, *Medical Service Environmental Quality Program*

AFI 48-123, *Medical Examination and Standards*

AFMAN 23-110, Volume 2, *Standard Base Supply Customer's Procedures*

AFOSHSTD 48-137, *Respiratory Protection Program*

AFOSHSTD 48-6, *Management of Drinking Water*

AFOSHSTD 48-9, *Exposure to Radiofrequency Radiation*

AFOSHSTD 48-14, *Swimming Pools, Spas and Hot Tubs, and Bathing Areas*

AFOSHSTD 161-17, *Standardized Occupational Health Program*

AFOSHSTD 161-21, *Hazard Communication*

AFR 161-44, *Management of the Drinking Water Surveillance Program*

NIOSH Publication #78-210, *Pocket Guide to Chemical Hazards*, National Institute of Occupational Safety and Health (NIOSH)/Occupational Safety and Health Administration (OSHA) - Available through Publications Distribution Office (PDO) per AFIND 17.

*Bates, Barbara, *A Guide to Physical Examinations and History Taking*, current edition. J.B. Lippincott Company, East Washington Square, Philadelphia, PA 19105.

*Benenson, Abram S., *Control of Communicable Diseases in Man*, current edition. The American Public Health Association, 1015 Fifteenth Street, NW, Washington, DC 20005.

Diagnostic and Statistical Manual of Mental Disorders, Revised, current edition. American Psychiatric Association, 1400 K Street, NW, Washington, DC 20005.

**Dorland's Medical Dictionary*, current edition. W.B. Saunders Company, West Independence Square, Philadelphia, PA 19106.

**Emergency Care and Transportation of the Sick and Injured*, current edition. American Academy of Orthopedic Surgeons, 222 South Prospect Avenue, Park Ridge, IL 60068.

*Grant, Harvey, Murrar, Jr., Robert, Bergeron, David, *Brady Emergency Care*, current edition, A Prentice Hall Division.

**Lippincott Manual of Nursing Practice*, current edition. J.B. Lippincott Company, East Washington Square, Philadelphia, PA 19105.

*Schroeder, Steven, *Current Medical Diagnosis and Treatment*, current edition. Appleton & Lange, 25 Van Zant Street, East Norwalk, CT 06855.

Solomon, Elder P., *Human Anatomy and Physiology*, current edition. Saunders College Publishing, West Independence Square, Philadelphia, PA 19106.

**Textbook of Advanced Cardiac Life Support*, current edition. American Heart Association, 73320 Greenville Avenue, Dallas TX 75231.

US Army Special Forces Medical Handbook, US Army Institute for Military Assistance, current edition. Citadel Press, 120 Enterprise Avenue, Secaucus NJ 07094.

*These publications are required for MTF/HMTF IDMT training programs, remote sites, and MMU IDMTs.

Abbreviations and Acronyms

AFI—Air Force Instruction

AFOSH—Air Force Occupational Safety and Health

AFPD—Air Force Policy Directive

AFREC—Air Force Reserve Command
ANG—Air National Guard
AMC—Aerospace Medicine Council
BE—Bioenvironmental Engineering Services
BMER—Biomedical Equipment Repair
CCM—Cost Center Manager
CEU—Continuing Education Unit
CPR—Cardiopulmonary Resuscitation
DoD—Department of Defense
DPD—Diethyl - P - Phenylene Diamine
EMT—Emergency Medical Technician
HBA—Health Benefits Advisor
HMTF—Host Medical Treatment Facility
HQ AFMOA/SGOC—Headquarters Air Force Medical Operations Agency/Clinical Quality Management
HQ USAF/SGW—Headquarters United States Air Force/Directorate of Medical Workforce Management
HSI—Health Services Inspection
HTSA—Host Tenant Support Agreement
IDMT—Independent Duty Medical Technician
JQS—Job Qualification Standard
LOD—Line of Duty
MAJCOM/SG—Major Command/Surgeon
MAJCOM/SGD—Major Command/Dental Surgeon
MAS—Medical Aid Station
MEMO—Medical Equipment Management Office
MMU—Mobile Medical Unit
MRMR—Medical Resource Management Report
MTF—Medical Treatment Facility
NREMT—National Registry of Emergency Medical Technicians
OI—Operating Instruction
OMB—Office of Management and Budget
OPR—Office of Primary Responsibility

OSHA—Occupational Safety and Health Administration

PDO—Publishing Distribution Office

PH—Public Health

PRP—Nuclear Weapons Personnel Reliability Program.

RCS—Report Control Symbol

RMO—Resource Management Office

SAV—Staff Assistance Visit

SEI—Special Experience Identifier

SME—Squadron Medical Element

TA—Table of Allowances

(Added-AETC) Abbreviations and Acronyms

ACLS—advanced cardiac life support

AEF—air expeditionary force

DAS—date arrived station

RNLTD—report not later than date

SEI—special experience identifier

TDY—temporary duty

Terms

Dental Preceptor—A dentist appointed by the Senior Dental Officer who serves as the IDMT's dental supervisor and trainer and is identified by placing his/her signature and initials on AF Form 623a, On-The-Job Training Record Continuation Sheet. By virtue of their status as professional health care providers, preceptors fulfill the requirements of both trainers and task certifiers in accordance with AFI 36-2201, *Developing, Managing and Conducting Training*.

Enlisted Training and Competency Folder—A USAF/SG mandated 4XXXX standardized documentation folder.

Host Medical Treatment Facility (HMTF)—The Host MTF designated by the command surgeon to support an MMU/remote site. The HMTF arranges for and ensures availability of medical services.

Host Medical Treatment Facility Orientation—A 3-week program for the newly assigned IDMT. The orientation enables IDMTs to work with their physician and dental preceptors to treat medical and dental disorders and complete certification. IDMTs also have an opportunity to meet the supporting HMTF staff.

Independent Duty Medical Technician (IDMT)—Medical Service Technicians and selected Aeromedical Technicians in Air Force specialty codes 4N051/71 and selected 4F051/71, Staff Sergeants through Master Sergeants (and selected Senior Master Sergeants if assigned to a duty position requiring this specialty) who have successfully completed course number J3AZR90270 002/003/004 or

J3AZ4N071-005 (PDS Code KSV) Medical Service Craftsman - Independent Duty Medical Technician, who are currently in good standing as National Registry of Emergency Medical Technicians (NREMTs) and have been awarded the Special Experience Identifier (SEI) 496. IDMTs perform patient examination and render medical/dental treatment and emergency care to MMU/remote site personnel within the established scope of care in the absence of a licensed health care provider or in preceptor-supervised training settings in USAF MTFs as defined in paragraph 9.2.3.5. of this AF Instruction. They are responsible to the MMU/remote site commander and are certified to treat medical and dental disorders by the HMTF Chief of Medical Staff. IDMTs receive medical and dental guidance and support from their physician and dental preceptors and administrative/technical support from personnel assigned to the MTF/HMTF. IDMTs are categorized into the following three categories based on unit of assignment:

MMU/SME—IDMTs assigned directly to a line unit

Remote/Fixed Site IDMT—IDMTs assigned as medical support to a fixed site. Not tasked with MAJCOM TDYs.

MTF IDMT—IDMTs assigned directly to an MTF/HMTF prepared to support a remote site/MMU/contingency operations

Independent Duty Medical Technician Refresher Training—A USAF standardized program of a minimum two week training period, held annually at the MTF/HMTF, to recertify IDMTs (all 4N0X1 personnel who possesses SEI 496, Staff Sergeant through Master Sergeant and selected Senior Master Sergeants when required by the duty position, and 4F0X1 personnel currently assigned to SME positions who possess SEI 496) with their physician and dental preceptors and to provide skill verification in ancillary areas such as laboratory, Bioenvironmental Engineering services, and Public Health services listed in ([Attachment 6](#)), AFI 44-103. Additional location specific training may be added to this program as appropriate.

Independent Duty Medical Technician Program Monitor—A 4N0XX Medical Service Technician (or representative) at an HMTF/MTF. At an MTF that is not tasked to support a remote site, an individual is appointed by the MTF Commander and tasked to oversee the in-house IDMT initial/refresher training programs. The training officer/NCO (training flight) is responsible for the implementation, operation, and documentation of the program.

Medical Aid Station—A medical treatment facility (fixed/mobile) staffed and equipped to provide limited ambulatory care, patient holding, and stabilization in preparation for evacuation.

Mobile Medical Unit—A medical function of an Air Force organization with a deployable Medical Aid Station established to provide limited ambulatory care, patient holding, and stabilization in preparation for evacuation to support line mobility units while in a deployed status. (Examples: CE Red Horse Squadrons or Air Control Squadrons).

Physician Preceptor—A physician appointed by the MTF/HMTF Commander who serves as the IDMT's clinical supervisor and trainer and is identified by placing his/her signature and initials on AF Form 623a, On-The-Job Training Record Continuation Sheet. By virtue of their status as professional health care providers, preceptors fulfill the requirements of both trainers and task certifiers in accordance with AFI 36-2201.

Remote Site—An Air Force operating location in a remote or geographically separated area without a full service MTF in the immediate vicinity. These remote sites usually have a small to medium number of assigned or attached personnel and many have a Medical Aid Station.

USAF IDMT Medical and Dental Treatment Protocols—(AFMAN 44-103). The standardized of list of disease/injury entities and treatment modalities that in conjunction with the current 4NXXX/4FXXX CFETP, define the scope of care for USAF IDMTs. The 882 TRG and HQ AFMOA/SGOC are the OPRs for changes to these protocols.

Attachment 2**SAMPLE FORMAT, HMTF SUPPORT PLAN**

HMTF: _____ SITE LOCATION: _____

A2.1. Description and demographics: *Include the detailed information as follows:*

A2.1.1. Designate the remote site supported. Briefly describe the mission of the remote site (unless classified).

A2.1.2. Describe the location of site. Indicate Best mode of transportation, mileage, and travel time involved from HMTF to the remote site. Include a map showing the specific location of the site, main routes, large cities, and military or civilian hospitals/clinics in the area of the site.

A2.1.3. Indicate category and number of personnel at the remote site. Include all active duty military, family members, US civilians, and host nation employees.

A2.2. HMTF Support - Prepare a separate plan for each MMU/remote site supported. (*see paragraph 4 when medical service is not directly provided by HMTF*):

A2.2.1. Describe how Medical and Dental preceptors are consulted both during and after duty hours. Include alternative contacts such as Emergency Room Medical Officer of the Day (MOD).

A2.2.2. Describe how inpatient, ambulatory, and dental services are acquired through the HMTF.

A2.2.2.1. Include clinic schedules, appointment procedures, and specialty clinics.

A2.2.2.2. Indicate how mental health and Family Support services are made available.

A2.2.2.3. Indicate how routine physical exam, GYN, and optometry services will be provided.

A2.2.3. Provide specific instructions for contacting the HMTF to request evacuation of patients from the site for further treatment.

A2.2.4. Describe the support provided in the following areas and provide the Staff Assistance Visit (SAV) frequencies for each. During SAVs, the HMTF Commander or designated personnel evaluates Medical/Dental care, competency of training, administrative procedures, and budgetary processes.

A2.2.4.1. Medical/Dental Service

A2.2.4.2. Pharmacy. Describe how controlled substances are accounted for. Describe how patient refills will be accomplished.

A2.2.4.3. Laboratory Services - (SAV not necessary). Describe how specimens will be transferred to the laboratory.

A2.2.4.4. Public Health - list which public health services will be conducted at the remote site.

A2.2.4.5. Bioenvironmental Engineering - List services to be conducted on site.

A2.2.4.6. Medical Logistics - Describe how medical supplies will be sent to the remote site.

A2.2.4.7. Administrative Services - Include outpatient records and the Personnel Reliability Program

A2.2.4.8. Other HMTF staff agencies (staff development, Health Promotion, Nursing, etc.)

A2.2.5. Provide specific instructions and guidance for procuring medical services from civilian sources.

A2.2.5.1. Include names of medical treatment facilities in the area of the remote site that can provide care. Discuss capabilities of those facilities. **NOTE:** Include this information in all cases.

A2.2.5.2. Describe any TRICARE referral provider network services.

A2.2.5.3. Describe under what circumstances civilian medical services may be used.

A2.2.5.4. Indicate if civilian consultations for ancillary services such as X-Ray, Laboratory, and other services like Physical Therapy may be used.

A2.2.5.5. Describe how civilian medical sources will be reimbursed.

A2.2.5.6. Provide specific instructions and guidance for procuring medical or dental services from other DoD or host nation military facilities. In addition, describe in detail any other arrangements for obtaining care and support.

A2.3. Support provided by the Medical Aid Station

A2.3.1. Describe in detail professional guidance not included in AFI 44-103.

A2.3.2. Indicate if the site supports TDY physicians and what support will be made available

A2.3.3. Legal Blood Alcohol Testing (BAT) procedures - Identify which laboratory will conduct legal BATs and indicate how blood specimens are transferred to the laboratory.

A2.3.4. AF Drug Screening procedures - Identify who is the Medical Urine Testing Monitor and indicate whether urine specimens are transferred to the HMTF Laboratory, or mailed directly to Brooks AFB, Texas.

A2.3.5. Describe how annual flu shots and routine immunizations will be accomplished.

A2.3.6. Describe what role the site IDMT plays in local disaster response and specify prescribing directives.

A2.4. The HMTF commander signs the HMTF support plan and forwards to the MAJCOM/SG for approval.

A2.5. Once approved, HMTF distributes as follows:

A2.5.1. One copy to the remote site Commander/or Line Unit Commander.

A2.5.2. One copy to the remote site MAS or MMU IDMT.

A2.5.3. One copy to the HMTF IDMT Program Monitor.

Attachment 3**RCS: HAF-SGW(SA)9812, HMTF STAFF ASSISTANCE VISIT REPORT****HMTF STAFF ASSISTANCE VISIT REPORT****MEMORANDUM FOR HOST MEDICAL TREATMENT FACILITY COMMANDER****REMOTE SITE COMMANDER****IN TURN****FROM:****SUBJECT:** Report of Staff Assistance Visit to _____ (Remote Site)

1. Personnel Who Made Visit. State grade, name, and duty title of personnel; date of visit; time spent with the unit.
2. Purpose of Visit. Concisely state the reason for the visit (that is, according to HQ USAF directive, requested by commander, follow-up, etc.).
3. Key Personnel Contacted During Visit. Remote Site Commander, First Sergeant, IDMTs, etc.
4. Areas Reviewed and Evaluated. Discuss in detail both professional and administrative areas reviewed, including (as appropriate to the visiting agency):
 - a. Availability of required resource materials.
 - b. Administrative functions.
 - c. Availability of medical OIs and IDMT treatment protocols.
 - d. Medical Annex to Remote Site Disaster Plan.
 - e. Infection control practices.
 - f. Patient satisfaction.
 - g. Availability of health promotion materials.
 - h. Self-Aid - Buddy Care (SABC) training statistics (# trained and %).
 - i. Cardiopulmonary Resuscitation (CPR) training statistics (# trained and %).
 - j. HMTF site support.
5. Findings and Recommendations. Be specific. Separately identify each problem area and the action taken or recommended. Example: FINDING # 1: Expiring emergency medications must be returned to the HMTF pharmacy and replaced prior to expiration.
6. Training and Education. Provide a brief description of inservice topics addressed.
7. General Comments. Address topics related to support facilities, equipment, mission changes, personnel, etc., that have not previously addressed. These may include positive findings and kudos.
8. Review of TDY Orders. Address appropriateness of patient referrals.
9. Repeat Deficiencies. List finding numbers from paragraph 5.
10. Quality Improvement (QI) Program. Review QI activities since last HSI and evaluate program.
11. Debriefing. State the grade, name, and position of the senior officer or officers/NCOs debriefed and any feedback comments or concerns.

SIGNATURE BLOCK _____
(Senior Member of SAV Team)

cc: MAJCOM/4NXXX Functional Manager
MAJCOM/SGN
HMTF/Site Monitor
MAS/IDMTs

Attachment 4**EMERGENCY EQUIPMENT AND SUPPLIES**

Below is a list of suggested emergency equipment and supplies for the remote site MAS. The HMTF physician preceptor determines in writing the contents of the emergency drug tray and the type and amount of emergency equipment and supplies.

ITEM

- A4.1.** Emergency Drug Trays
- A4.2.** Intravenous (IV) Solutions.
- A4.3.** IV Infusion Sets.
- A4.4.** Portable Suction Unit (battery or electric-powered).
- A4.5.** Suction Catheters (battery or electric-powered).
- A4.6.** Oxygen (O2) Tank. [Should have adequate supply on hand for 24 hour period.]
- A4.7.** Single-stage, lightweight O2 regulator.
- A4.8.** Yoke Adapter.
- A4.9.** O2 Masks (adult and child).
- A4.10.** Airway adjuncts, oropharyngeal/nasal pharyngeal, endotracheal tube (adult and child).
- A4.11.** Bag - Valve - Mask, Hand Held Resuscitator.
- A4.12.** Tourniquets, nonpneumatic.
- A4.13.** Syringes, disposable (HMTF determines number and type).
- A4.14.** Needles, disposable (HMTF determines number and type).
- A4.15.** Semi-Automatic External Defibrillator.

RECOMMEND: Laryngoscope, McGill forceps, cricothyroidotomy set, long-spine board, KED, traction splint, cardiac monitor, non-invasive blood pressure/pulse monitor, and other equipment required IAW AFI 44-102 in the Medical Emergency Set, Ambulance.

Attachment 5**LETTER FOR INVENTORY OF CONTROLLED SUBSTANCES**

FROM: *(Site Commander)(date)*

SUBJ: Monthly Inventory of Controlled Substances

TO: *(Enter name and rank of appointee)*

1. You have been appointed to accomplish the monthly inventory of controlled substances and to inspect the register of controlled drugs at the medical aid station. Report to the site commander for specific instructions.
2. Report to the medical aid station and perform the inventory and inspection according to the instructions provided by the commander and those contained in AFI 44-103.
3. Report the results of the inventory and inspection to the commander, in writing, as an endorsement to this letter. State any discrepancies noted and actions required. (For example, 2 capsules of NSN 6505-00-481-1822, Phenobarbital, short. Report of Survey required.) If no discrepancies were noted, so state.

(Signature)

1st Ind, Site Designation/Office Symbol

(date)

TO: Site Commander

Inventory/Inspection accomplished on (enter date)

(Enter results, see paragraph 3 of basic letter)

(Signature of Inventory and Inspection Officer)

COMPLETE THIS FORM IN TRIPLICATE:

Original to the IDMT Files

First Copy to the Site Commander

Second Copy to the HMTF

Attachment 6**INDEPENDENT DUTY MEDICAL TECHNICIAN REFRESHER
TRAINING PROGRAM**

A6.1. OBJECTIVE: To train all MTF/HMTF IDMTs (4N0X1s, Staff Sergeant through Master Sergeant who possess SEI 496 and 4F0X1 personnel currently assigned to SME positions who possess SEI 496) in accordance with AFI 44-103 and appropriate MAJCOM supplements and to provide guidance to departments on proper training of the IDMTs.

This program is established to outline the responsibilities of the various departments in the refresher training of independent duty medical technicians (IDMTs) assigned to USAF MTF/HMTFs

A6.2. REFERENCES:

A6.2.1. AFI 44-103, The Air Force Independent Duty Medical Technician Program and Medical Support for Mobile Medical Units/Remote Sites

A6.2.2. AFMAN 44-103, USAF IDMT Medical and Dental Treatment Protocols.

A6.2.3. AFI 44-135/46-102 and AFMAN 44-144, Administration of Medical Activities

A6.2.4. AFI 36-2201, Developing, Managing and Conducting Training

A6.2.5. AFMAN 36-2247, Planning, Conducting, Administering and Evaluating Training

A6.3. PROCEDURES:

A6.3.1. Scheduling of IDMT training will be accomplished by the IDMT Program Monitor.

A6.3.1.1. Each office of primary responsibility (OPR) for training will provide trainers.

A6.3.1.2. Schedules will be modified to ensure training time is available.

A6.3.2. The IDMT will report to the IDMT Program Monitor on the first day of scheduled training for in-briefing and issue of training materials.

A6.3.3. OPRs for training will provide training and conduct proficiency evaluations as necessary. Upon completion of training, OPRs/IDMT Program Monitor will certify the IDMT has demonstrated task proficiencies.

A6.4. IDMT Orientation Topics, Sequence, and Recommended Training Hours:

TOPICS	HOURS
AF Form 1480a	0.25
AF Form 579	0.25
Bioenvironmental Engineering	3.00
Calculating Drug Dosages	1.00
Clinical Laboratory	0.50

TOPICS	HOURS
Conference with Physician Preceptor	2.00
Dental Clinic	1.00
Duties Not Involving Flying (DNIF)	0.50
Health Benefits Program	1.00
Infection Control	1.00
Inventory/Audit control substances on hand	0.50
Line of Duty	0.50
Maintain Medical Supply Account	1.00
Medical Logistics	1.00
Military Public Health	2.00
Outpatient Records Maintenance	1.00
Personnel Reliability Program	2.00
Pharmacy	2.00
Physical Profiles	0.50
Physician Preceptor/Clinical Evaluation	1 day, quarterly
Public Health Programs	2.00
Quality Office	0.50
Resource Management	0.50
Specialty/EMT Skill verification (IDMT Program Monitor)	1.00
Suturing	1.00
Third Party Liability	0.50
Worldwide Report	0.50

NOTE: These hours are recommended. Training may be extended as needed to ensure all required areas adequately covered.

A6.5. Core Training Objectives

A6.5.1. Perform administrative tasks: Know required forms and procedures to complete them:

A6.5.1.1. Line of Duty Determinations

A6.5.1.2. DNIF

A6.5.1.3. Physical Profiles

A6.5.1.4. Worldwide Report

A6.5.1.5. AF Form 1480a

A6.5.1.6. AF Form 579

A6.5.2. Identify the processes required to monitor the following key programs:

- A6.5.2.1. Personnel Reliability Program
- A6.5.2.2. Quality Improvement/Risk management
- A6.5.2.3. Health Benefits Program
- A6.5.3. State the actions required to conduct the following:
 - A6.5.3.1. Inventory/Audit control substances on hand.
 - A6.5.3.2. Resource Management/Maintain Medical Supply account
- A6.5.4. Maintain military health records
- A6.5.5. Demonstrate proficiency in calculating drug dosages.
 - A6.5.5.1. Solve sample problems for the following types of medications:
 - A6.5.5.1.1. Oral Solutions
 - A6.5.5.1.2. Parenteral Injections
 - A6.5.5.1.3. Tablet dosages
 - A6.5.5.1.4. State “5 Rights” of medication administration.
- A6.5.6. Perform hematocrit, macro urinalysis, and reagent tests under supervision of medical laboratory personnel and check results for quality.
- A6.5.7. Establish and maintain IVs in a supervised setting. Discuss the types of IV fluids with the preceptor.
- A6.5.8. Suturing
 - A6.5.8.1. Review types of local anesthesia; discussing indications for using particular types.
 - A6.5.8.2. Review HMTF procedures for obtaining informed patient consent for the particular procedure.
- A6.5.9. Explain Public Health programs
 - A6.5.9.1. Epidemiology
 - A6.5.9.2. STDs
 - A6.5.9.3. TB Detection and Control
 - A6.5.9.4. Zoonoses
 - A6.5.9.5. Medical Entomology
 - A6.5.9.6. Food Safety Program
 - A6.5.9.7. Occupational Health
 - A6.5.9.8. Family Home Day Care (FHDC)
 - A6.5.9.9. Medical intelligence
- A6.5.10. Perform Bioenvironmental Engineering Procedures
 - A6.5.10.1. Water sample collection

A6.5.10.2. Bacteriological testing

A6.5.10.3. Chlorine Residual

A6.5.11. Preceptor Supervised Training:

A6.5.11.1. The IDMT should spend as many hours as possible seeing patients under the direct observation of the physician preceptor. To optimize this clinical time use the following objectives:

A6.5.11.2. Perform several in-depth physical examinations with the physician preceptor.

A6.5.11.3. Perform focused examinations on each of the body's systems while using the physician preceptor as a guide and evaluator.

A6.5.11.4. Solicit feedback from the physician preceptor and work to improve any areas where required.

A6.5.11.5. The IDMT will review treatment protocols with the physician preceptor and discuss treatment modalities. This is also a good time to review the medication list with the physician preceptor specifically focusing on indications, actions, and contraindications.

A6.5.12. Infection control. There are many new technologies for "protected devices" designed to reduce potential exposures.

A6.5.13. Site procedures. Review local site patient evacuation process with the physician preceptor.

**INDEPENDENT DUTY MEDICAL TECHNICIAN REFRESHER TRAINING
PROGRAM
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BLOCK ONE	
INTRODUCTION TO HOST MEDICAL TREATMENT FACILITY (HMTF) AND ROLES AND RESPONSIBILITIES	
OBJECTIVES	
Knowledge and Attitude <ol style="list-style-type: none"> 1. Establish initial contact and working relationship with executive management, preceptor, and liaison personnel. 2. Identify their specific learning needs in patient care and site management to the preceptor and other orientation personnel. 3. Specify IDMT medical responsibilities at the site, MTF/HMTF support activities, and preceptor relationship. 4. Understand the scope of medical support to the site from the HMTF and scope of medical services at the site. 	
Skills Demonstrated <ol style="list-style-type: none"> 1. Locate the specific services and sections of the HMTF Support Plan which support the IDMT. 2. State how, when, and why consultation with physician preceptor is to be made. 3. Cite parameters of medical services given by IDMT at the remote site. 4. State and explain job responsibilities and duties at the site. 5. Identify the current strengths, problems, and challenges at the site based on recent SAVs from HMTF. 	
TOTAL TIME NEEDED FOR LESSON	
2 HOURS	
RESOURCES AND MATERIALS NEEDED	
References AFI 36-2201, Developing, Managing, and Conducting Training AFI 44-103, The Air Force Independent Duty Medical Technician Program/Medical Support For Mobile Medical Units/Remote Sites Current MMU/Site Support Plan if HMTF	
LECTURE OUTLINE	
I. Conduct Introductions to: <ol style="list-style-type: none"> a. Commander b. Chief of Services c. Chief Nurse Executive d. Senior Dental Officer e. Physician Preceptor f. Dental Preceptor g. Other principal contacts with HMTF staff 	TEACHING METHODS/LEARNING OBJECTIVES Introduction to each staff member. Personal interview with commander and/or his/her representative

II. IDMT Responsibilities/Duties and HMTF Support Services a. Orientation/training schedule and scope b. Manning Assistance c. Continuing Education/annual training requirements d. Annual/emergency leave e. Certification folder g. IDMT responsibilities/duties 1 MAS management 2 Patient Care 3 Public Health 4 Bioenvironmental Engineering	TEACHING METHODS/LEARNING OBJECTIVES Discussion with explanation of pertinent HMTF regulations, operating guidelines, certification procedures, and job description. The IDMT is to review the support plan and position description prior to briefing.
III. Scope of Medical Support and Services a. Explain Site Support Plan b. Review previous SAVs c. Site compliance with policies and standards d. Medical Treatment Protocols e. Operating Instructions f. Patient referral and transport requirements	TEACHING METHODS/LEARNING OBJECTIVES The IDMT receives a copy of support plan (if unit is an HMTF) for detailed review and study. Discuss all major aspects of plan. Discuss SAV program - purpose, team members, frequency, and activities.
IV. Certification Folders a. AF Form 623, OJT Record 1 CFETP 2 AF Form 797, JQS 3 AF Form 1098, Special Task and Recurring Training b. HMTF/SAV schedule c. Continuing education requirements 1 Annual recertification 2 NREMT registration 3 ACLS (AED) training	TEACHING /METHODS LEARNING OBJECTIVES Review established requirements in the IDMT Training Plan. Provide IDMT with current copies of related training forms and ensure all documentation is accurate and reflects current certification training.
EVALUATION	
I. Introduction - IDMT makes contact with correct OPRs and staff members during orientation and after arrival at site.	
II. IDMT Responsibilities/Duties and HMTF Support Services – Through discussion the IDMT displays a thorough understanding and can explain responsibilities and duties as detailed in the job description and performance standards. Performance during SAVs, quality and timeliness of required reports.	
III. Scope of Medical Support and Services – Goals and objectives established and achieved throughout the period of assignment.	
IV. Certification Folders – Performance and involvement during the annual and quarterly training.	
V. Ensure related QTP has been completed	

BLOCK TWO	
MEDICAL TREATMENTPHYSICIAN PRECEPTOR RELATIONSHIP	
OBJECTIVES	
Knowledge and Attitude <ol style="list-style-type: none"> 1. Identify their specific learning needs in patient care and site management to the preceptor. 2. Obtain accurate and thorough patient history, including allergies and negative history. 3. In-depth understanding of physical exams to include full head to toe assessment, major systems examinations, auscultation, palpation, and percussion techniques. 4. USAF IDMT Medical and Dental Treatment Protocols. 5. Patient sensitivity. 6. Patient referral and transport requirements. 7. MTF/HMTF and MAS operating instructions. 8. Documentation requirements. 9. Emergency treatment Skills Demonstrated <ol style="list-style-type: none"> 1. State why, when, and how consultation with physician preceptor is to be made. 2. Perform physical exam (including vital signs) indicated by presenting complaint and within the parameters of the IDMT. 3. Determines accurate assessment and treatment plan including dispensing appropriate medications as needed. 4. Complete problem oriented documentation in patient's medical treatment record (SOAP). 5. Explain and outline procedures for STDs, PFBs, and weight management. 6. Perform the following procedures according to established standards: suturing, bandaging, splinting, incision and drainage, intravenous infusion, and wound management. 7. Use of emergency equipment with accuracy and safety. 	
TOTAL TIME NEEDED FOR LESSON	
6 HOURS	
RESOURCES AND MATERIALS NEEDED	
I. Governing Directives AFI 44-103. The Air Force Independent Duty Medical Technician Program/MedicalSup- port for Mobile Medical Units/Remote Sites	TEACHING METHODS/LEARNING OBJECTIVES The IDMT reviews and studies pertinent regula- tions, OIs, treatment protocols, and procedures.
II. Patient Evaluation and Treatment USAF IDMT Medical and Dental Treatment Protocols – AFMAN 44-103	TEACHING METHODS/LEARNING OBJECTIVES The IDMT reviews and studies pertinent AF Instructions, Unit and site OIs, treatment proto- cols, and procedures

III. Preceptor Communication a. Responsibilities (job description/performance standards) b. HMTF support (support plan)	
EVALUATION	
EVALUATION I. Patient Evaluation and Treatment - based on IDMT's actual performance in patient treatment situations. Additional instruction and supervision may be needed based on evaluation and must be given prior to certification.II. Subsequent observation of patient care and treatment with IDMT indicating what is beyond their scope of training. Review of documentation in treatment records by the physician preceptor.	TEACHING METHODS/LEARNING OBJECTIVES Review scope of medical support at the site (if at MTF). Emphasize the parameters of the IDMT in health care delivery.Reemphasize the importance of communication with the physician preceptor

BLOCK THREE	
INTRODUCTION TO QUALITY MANAGEMENT	
OBJECTIVES	
Knowledge and Attitude 1. Familiar with AFI and HI concerning TQM. 2. Familiar with AF Form 2376 and submission requirements	
Skills Demonstrated 1. Prepare and submit required reports IAW HMTF and site OIs	
TOTAL TIME NEEDED FOR LESSON	
.5 HOURS	
RESOURCES AND MATERIALS NEEDED	
References: AFI 44-119, Medical Service Clinical Quality Management AFI 44-103, The Air Force Independent Duty Medical Technician Program/ Medical Support for Mobile Medical Units/Remote Sites Current MMU/Site Support Plan	
LECTURE OUTLINE	
I. Quality Activities a. Prepare and submit reports governing quality activities b. Develop OIs	TEACHING METHODS/LEARNING OBJECTIVES Discuss all details of regulations/OIs which are pertinent to the scope of activities at the MMU/site. Complete a sample AF 2376.
EVALUATION	
EVALUATION Quality and timeliness of reports. Completeness of report ties in to self-inspection program.	

BLOCK FOUR	
INFECTION CONTROL	
OBJECTIVES	
Knowledge and Attitude 1. Familiar with AFI 44-108, Infection Control Program 2. Familiar with HI 44-17, Infection Control and Prevention Program 3. Familiar with HI 48-5, Occupational Blood and Body Fluid Exposure Control Plan	
Skills Demonstrated 1. Demonstrate proper handwashing technique 2. Develop site specific OI guidelines	
TOTAL TIME NEEDED FOR LESSON	
1 HOUR	
RESOURCES AND MATERIALS NEEDED	
References: AFI 44-108, Infection Control Program AFI 44-103, The Air Force Independent Duty Medical Technician Program/ Medical Support For Mobile Medical Units/Remote Sites Current MMU/Site Support Plan	
LECTURE OUTLINE	
I. Infection Control Activities a. AFI 44-108, Infection Control Program b. HI 44-17, Infection Control and Prevention Program c. HI 48-5, Occupational Blood and Body Fluid Exposure Control Plan d. MMU/Site operating instructions	TEACHING METHODS/LEARNING OBJECTIVES Discuss all details of regulations/OIs which are pertinent to the scope of infection control activities to the MMU/site.
II. Disinfection Procedures a. Cleaning solutions used b. Frequency of cleaning c. Disposal of contaminated waste	
EVALUATION	
EVALUATION Infection Control Activities – Observation (Handwashing) and discussion of procedures of program effectiveness.	

BLOCK FIVE	
BIOENVIRONMENTAL ENGINEERING (BE) 4N0XX QTP Volume 9, Module 1-3	
OBJECTIVES	
Knowledge and Attitude <ol style="list-style-type: none"> 1. Familiar with governing AFIs and local operating procedures concerning BE activities. 2. Familiar with reporting procedures for deficient areas. 3. Water testing program 4. Occupational and community health hazards Skills Demonstrated <ol style="list-style-type: none"> 1. Prepare and submit required reports IAW HMTF and site OIs 2. Test water supply using testing equipment IAW governing directives. 3. Identify and report potential occupational or community health hazards and ensure BE (or other office of responsibility) performs site survey. 	
TOTAL TIME NEEDED FOR LESSON	
3 HOURS	
RESOURCES AND MATERIALS NEEDED	
References: Pertinent occupational health, community health, and potable water directives, as advised by the HMTF BE (e.g., federal/local regulations, AFOSH Standards, AFIs, MAJCOM supplements, OEBGD, etc). AFI 44-119, Medical Service Clinical Quality Management AFI 44-103, The Air Force Independent Duty Medical Technician Program/ Medical Support for Mobile Medical Units/Remote Sites AFOSHSTD 48-137, Respiratory Protection Program OIs and technical references as advised by the HMTF BE. Current MMU/Site Support Plan	
LECTURE OUTLINE	
I. Potential Occupational/Community Health Hazards <ol style="list-style-type: none"> a. Known potential hazards (including confined spaces) and control measures in-place at IDMT's location. b. IDMT's specific surveillance/program responsibilities. c. Recordkeeping/casefiles. 	TEACHING METHODS/LEARNING OBJECTIVES Discuss details of AF Instructions/OIs which are pertinent to the scope of activities at the MMU/site.
II. Occupational Health <ol style="list-style-type: none"> a. Occupational health examinations 	TEACHING METHODS/LEARNING OBJECTIVES

b. Respiratory protection program conservation	c. Hearing	Discuss details of AF Instructions/OIs which are pertinent to the scope of activities at the MMU/site.
III. BE Administrative Maintenance a. Example “Water Testing” report b. File folders		TEACHING METHODS/LEARNING OBJECTIVES Review test reports received from site visits. Demonstrate water testing using approved test kit.
EVALUATION		
EVALUATION		
I. Water Programs a. IDMT demonstrates water sample pH and chlorine residual measurement (IAW 4N0XX QTP Volume 9, Module 1-3) b. IDMT demonstrates bacteriological water sample collection and sample analysis technique (including membrane filter method). (IAW 4N0XX QTP Volume 9, Module 1-3) c. Have IDMT read (already incubated) samples (include “spiked” positives). d. Discuss notification procedures		
II. Occupational/Community Health a. Status review/discussion of specific operations and controls at IDMT’s base. b. If the IDMT BE has determined it is necessary for the IDMT to use specialized monitoring equipment (e.g. explosive gas meter, WBGT apparatus, ventilation meter, etc) for specifically stated operations at the IDMT’s location, the IDMT will demonstrate use of that equipment.		
III. BE Administrative Maintenance – Accomplish “water testing” report. Establish a shop Folder accurately.		

BLOCK SIX	
PUBLIC HEALTH 4N0XX QTP Volume 9, Module 4	
OBJECTIVES	
Knowledge and Attitude <ol style="list-style-type: none"> 1. Familiar with governing AFIs and local operating procedures concerning Public Health activities 2. Familiar with reporting procedures for deficient areas. 3. Facility health inspections (dormitory, barber shop, etc.) 4. Food Service facility inspection 5. Requirements for foodhandler training 	
Skills Demonstrated <ol style="list-style-type: none"> 1. Prepare and submit required reports IAW HMTF and site OIs 2. Develop facility inspection checklist 3. Identify proper food serving temperatures 4. Use food service inspection checklist 5. Perform foodhandler training 6. Manage communicable diseases 	
TOTAL TIME NEEDED FOR LESSON	
2 HOURS	
RESOURCES AND MATERIALS NEEDED	
References <p>AFI 48-105, Control of Communicable Disease</p> <p>AFI 48-106, Prevention and Control of Sexually Transmitted Diseases</p> <p>AFI 48-116, Food Safety</p> <p>AFI 48-117, Public Facility Sanitation</p> <p>AFI 48-119, Medical Service Environmental Quality Program</p> <p>AFI 44-103, The Air Force Independent Duty Medical Technician Program/ Medical Support For Mobile Medical Units/Remote Sites</p> <p>FDA Food Code</p> <p>Mobile Medical Units/Remote Sites</p> <p>Current MMU/Site Support Plan</p>	
LECTURE OUTLINE	
I. Public Facility Inspections <ol style="list-style-type: none"> a. Dormitories b. Beauty/Barber Shop c. Medical Evaluation of Public Facilities 	TEACHING METHODS/LEARNING OBJECTIVES <p>Discuss details of regulations/OIs which are pertinent to the scope of activities at the MMU/site.</p>

	<p>Perform a public facility inspection.</p> <p>Review and discuss current inspection activities and SAV reports.</p>
<p>II. Food Facility Inspection</p> <p>a. Subsistence - four types of classification</p> <ol style="list-style-type: none"> 1 Animal - 5% or more animal product 2 Non-animal - fruit, vegetables, flour, cereal, etc. 3 Perishable - requires refrigeration 4 Semi-perishables - canned or dry goods <p>b. Storage area</p> <p>c. Serving temperatures</p> <ol style="list-style-type: none"> 1 Hot 2 Cold 	
<p>III. Food Facility Sanitation</p> <p>a. Foodhandler's certificate</p> <p>b. Equipment needed c. Kitchen d. Serving line</p> <p>e. Pot and Pan washing area f. Dishwashing area g. Storage area</p> <p>h. Personnel</p> <p>i. Latrines</p> <p>j. Bars</p>	<p>TEACHING METHODS/LEARNING OBJECTIVES</p> <p>Discuss details of regulations/OIs which are pertinent to the scope of activities at the MMU/site.</p> <p>Perform a food service sanitation inspection</p> <p>Review and discuss current inspection activities and SAV reports.</p>
<p>IV. Foodborne Illness Outbreak</p> <p>a. Causes</p> <p>b. Intoxication's c. Staphylococcal food poisoning d. Salmonellosis</p>	<p>TEACHING METHODS/LEARNING OBJECTIVES</p> <p>Discuss details of necessity of quick identification of foodborne illness outbreak, causes, prevention, and treatment..</p>
<p>V. Foodhandler Training</p> <p>a. Objectives</p> <ol style="list-style-type: none"> 1 Initial 2 Annual <p>b. Personal hygiene</p> <p>c. Customer protection</p>	<p>TEACHING METHODS/LEARNING OBJECTIVES</p> <p>Discuss details of requirements for award of foodhandler training certificate.</p>
<p>VI. Medical Entomology</p> <p>a. Insect control</p>	<p>TEACHING METHODS/LEARNING OBJECTIVES</p>

b. Handling of pesticides pests	c. Recognition of	Discuss details of pest identification and control using pesticides.
VII. Communicable Disease Control a. Disease monitoring b. Tuberculosis detection and control Zoonoses d. Rabies control e. STDs	c.	TEACHING METHODS/LEARNING OBJECTIVES Discuss details of disease tracking and reporting, initiate an STD log, and identify measures in rabies prevention.
VIII. Immunization Program a. Requirements b. Expiration Flu shot program	c. Anthrax shot program d.	TEACHING METHODS/LEARNING OBJECTIVES Discuss immunization program requirements and documentation.
EVALUATION		
EVALUATION I. Public Facility Inspections – Develop Facility Inspection Checklist. II. Food Facility Inspection – Discuss classification, storage, and serving temperature of food IAW 4N0XX QTP Volume 9, Module 4, Military Public Health III. Food Facility Sanitation -. Discuss equipment needed for inspection. Use AF Form 977 And identify minimum standards IAW 4N0XX QTP, Vol 9. IV. Foodborne Illness Outbreak – Discuss various causes, treatment, and notification Procedures. V. Foodhandler Training – Discuss requirements for award of food handler’s certificate VI. Medical Entomology – Discuss various aspects of pest identification and control. VII. Communicable disease control - Identify proper requirements for notification; maintaining A log for STDs; TB program, zoonoses, and rabies control. VIII. Occupational Health - Identify possible workplace hazards; who performs physical Examinations; requirements for respiratory protection and hearing conservation programs. IX. Immunization Program – Discuss MMU/site program and identify when routine Immunizations may be administered on site. X. Ensure related QTP has been completed		

BLOCK SEVEN	
CLINICAL LABORATORY 4N0XX QTP Volume 8, Module 1&2	
OBJECTIVES	
Knowledge and Attitude 1. Familiar with governing AFIs and local operating procedures laboratory procedures and activities 2. Familiar with requirements for drawing legal blood samples. 3. Familiar with use of Multistix.	
Skills Demonstrated 1. Perform venipuncture IAW Infection Control guidelines and 4N0XX QTP Volume 8, Module 1&2 2. Perform Multistix IAW manufacturers instructions.	
TOTAL TIME NEEDED FOR LESSON	
.5 HOURS	
RESOURCES AND MATERIALS NEEDED	
References: AFI 44-103, The Air Force Independent Duty Medical Technician Program/ Medical Support For Mobile Medical Units/Remote Sites Current MMU/Site Support Plan	
LECTURE OUTLINE	
I. Venipuncture Procedures a. Legal specimens b. Medical specimens	TEACHING METHODS/LEARNING OBJECTIVES Discuss details of test procedures including quality control measures and sources of error. Discuss pertinent information from regulations and OIs. Discuss requirements for shipping and handling specimens. Identify need to perform lab procedures
II. Multistix Procedures a. Operating instructions b. Detailed description 1 Reagent strips 2 pH test 3 Protein 4 Glucose 5 Ketones 6 Bilirubin	

7 Blood	
8 Nitrate	
9 Urobilinogen	
10 Specific gravity	
EVALUATION	
EVALUATION I. Venipuncture Procedures – Discuss procedure emphasizing body substance isolation technique; Observe performance of venipuncture. II. Multistix Procedure - Identify need for multistix test; IDMT will collect specimen and perform test; Interpret results of test IAW 4N0XX QTP Volume 8, Module 1&2 III. Ensure related QTP has been completed	

BLOCK EIGHT	
DENTAL CONDITIONS	
OBJECTIVES	
Knowledge and Attitude <ol style="list-style-type: none"> 1. Understanding of management of acute dental problems to include dental abscess, periodontal disease, temporary fillings, broken teeth, etc. 2. Familiar with referral requirements for dental problems. 3. Documentation requirements for dental problems. 	
Skills Demonstrated <ol style="list-style-type: none"> 1. Recognize oral cavity abscesses and cellulitis. 2. State how, why, and when to contact dental preceptor. 3. Demonstrate use of temporary filling material. 	
TOTAL TIME NEEDED FOR LESSON	
1 HOURS	
RESOURCES AND MATERIALS NEEDED	
References: AFI 44-103, The Air Force Independent Duty Medical Technician Program/Medical Support For Mobile Medical Units/Remote Sites AFMAN 44-103 USAF IDMT Medical and Dental Treatment Protocols Current MMU/Site Support Plan (if HMTF)	
LECTURE OUTLINE	
I. Routine Dental Treatment <ol style="list-style-type: none"> a. Canker Sores (aphthous ulcer) b. Caries (dental decay) 	TEACHING METHODS/LEARNING OBJECTIVES Discuss specific treatment protocols and IDMT refresher Training Book. Treatment regimens will be discussed. Demonstration in use of temporary filling material.
II. Emergency Dental Care <ol style="list-style-type: none"> a. Acute necrotic ulcerative gingivitis (ANUG) b. Osteitis (dry socket) c. Broken or chipped tooth d. Abscesses e. Periodontal disease (gingivitis) f. Glossitis 	
III. Preceptor Notification <ol style="list-style-type: none"> a. Routine b. Emergency 	
EVALUATION	
EVALUATION I. Routine Dental Care – Discuss dental treatment procedures emphasizing importance of correct identification of disease/injury.	

II. Emergency Dental Care – Accurate identification of dental disease/illness. Demonstrate proficiency in mixing and using temporary filling material.

III. Preceptor Notification – Identify disease/injury requiring emergent dental preceptor notification and proper notification procedures.

BLOCK NINE		
PHARMACOLOGY		
OBJECTIVES		
Knowledge and Attitude		
1. Identify commonly controlled drugs and state indications for their use.		
2. Requirements to safeguard controlled substances		
3. Procedures for dispensing controlled drugs (preceptor notification, documentation)		
4. Calculation and dosages		
Skills Demonstrated		
1. Documentation requirements for controlled drugs (AF Form 579, AF Form 781)		
2. Demonstrate ability to calculate dosages		
TOTAL TIME NEEDED FOR LESSON		
2 HOURS		
RESOURCES AND MATERIALS NEEDED		
References		
AFI 44-103, The Air Force Independent Duty Medical Technician Program/Medical Support For Mobile Medical Units/Remote Sites.		
Current MMU/Site Support Plan		
LECTURE OUTLINE		
I. Controlled Drugs Maintenance a. Responsibilities b. Procedures	TEACHING METHODS/LEARNING OBJECTIVES	
	Discuss specific regulation/OIs pertinent to site activities. Review/discuss drug inventory procedures and administrative management of MAS pharmacy. Discuss dispensing of scheduled drugs.	
II. Pharmacology, Part I, Pulmonary a. Infectious disease therapy 1 Sulfonamides 2 Penicillin’s 3 Macrolide Antibiotics 4 Tetracyclines 5 Fungicides 6 Scabicides/Pediculocides 7 Miscellaneous anti-infectives b. Pulmonary drug therapy 1 Bronchodilators 2 Expectorants/Antitussives 3 Sympathomimetics 3 4 Antihistamines 4	TEACHING METHODS/LEARNING OBJECTIVES	
	Discuss specific use, dosage, action, interactions, adverse reactions, indications, And contraindications of medications. Discuss drug inventory procedures andAdministrative management of MAS pharmacy. Discuss dispensing of scheduled drugs.	
III. Pharmacology, Part II, GI, CNS, Cardiac	TEACHING METHODS/LEARNING OBJECTIVES	

<p>a. Gastrointestinal 1 Anti-acids 2 Anti-flatulent 3 Anticholinergics 4 Laxatives 5 Antidiarrheals 6 Hemor- rhoidal 7 Anti-emetics 8 Miscella- neous (a) Ipecac (b) Activated charcoal b. Central Nervous System (CNS) drug therapy 1 Analgesics 2 Non-ste- roidal anti-inflammatories (NSAIDs) c. Skele- tal muscle relaxants d. Cardiovascular and emergency drugs 1 Epinephrine 2 Benadryl 3 Aminophylline 4 Sodium Bicarbonate 5 Dextrose 50% 6 Lidocaine 7 Calcium Chloride 8 Dopamine 9 Hydrocortisone Sodium Succinate (Solu-Cortef)</p>	<p>Discuss preceptor notification procedures for the dispensing of scheduled drugs, administration of emergency medications and use of antibiotics.</p>
<p>IV. Calculations and Dosages a. Weight and equivalents b. Formulas for drug calculations</p>	<p>TEACHING METHODS/LEARNING OBJECTIVES Discuss specific weight and equivalent measuring systems.</p>
EVALUATION	
<p>EVALUATION I. Controlled Drug Maintenance - Perform drug inventory and document on AF Form 579 For controlled drug dispensing. Identify the frequency of controlled drug inventory. II. QTP 4N0X1-1 Module 11, <i>Medication Administration</i> III. Calculation and Dosages – Perform calculation of medication dosage, intravenous flow rate, and weight conversions IV. Ensure related QTP has been completed</p>	

BLOCK TEN	
MEDICAL LOGISTICS	
OBJECTIVES	
Knowledge and Attitude <ol style="list-style-type: none"> 1. Familiar with logistical network for acquiring equipment and supplies. 2. Cost center manager responsibilities. 3. Establishing budget requirements. 4. Procedures for equipment repair Skills Demonstrated <ol style="list-style-type: none"> 1. Determine adequate supply level. 2. Demonstrate understanding of supply paperwork. 3. Establish equipment acquisition log. 4. Demonstrate method for determining 3 year budget projection. 	
TOTAL TIME NEEDED FOR LESSON	
2 HOURS	
RESOURCES AND MATERIALS NEEDED	
References AFI 44-103, Medical Support for Mobile Medical Units/Remote Sites. Current MMU/Site Support Plan	
LECTURE OUTLINE	
I. Duties and Responsibilities <ol style="list-style-type: none"> a. Pecuniary liability b. Relief from custodial responsibilities 	TEACHING METHODS/LEARNING OBJECTIVES Discuss specific regulation/OIs pertinent to site activities. Provide current Medical Logistics Handbook/Guide.
II. Funds Management <ol style="list-style-type: none"> a. Funds obligations and expenditures b. Ratification action c. Supply discipline d. Overpricing e. Backorder list/Issue summary 	
III. Medical Supply Procedures for Standard Issues <ol style="list-style-type: none"> a. Recurring issues/shopping guide b. “IDO” issues (cannot be used on most sites) c. Non-recurring issues. d. Emergency issues. 	TEACHING METHODS/LEARNING OBJECTIVES Discuss specific regulation/OIs pertinent to site activities. Provide current Medical Logistics Handbook/Guide.

IV. Medical Supply Procedures for Local Purchase a. Obtaining authorization b. Brand name/sole source c. Priorities d. Surcharge and lead-time	TEACHING METHODS/LEARNING OBJECTIVES Provide copies of DD 1348-6 for use in training. Set up examples of custodial folders to include; all supply procedures; turn-ins; documents management for supplies, and equipment.
V. Turn-ins	
VI. Medical Supply Management Documents a. Activity issue list b. Activity issue summary c. Backorder report d. Custodian folder	TEACHING METHODS/LEARNING OBJECTIVES Review and discuss AFMLL; quality items, request procedures, and importance of recall/hazards alerts.
VII. Medical Equipment Management Procedures a. Request for equipment b. Approval for funding process c. Transferring equipment d. Rental e. User tests f. Loans of equipment	
VIII. Medical Equipment Management Documents a. Custodial Receipt/locator list b. Three year equipment list	TEACHING METHODS/LEARNING OBJECTIVES Review and discuss custodial receipt/locator lists, and three year equipment list.
IX. Air Force Medical Logistics Letter (AFMLL) a. Quality assurance b. Recalls/hazards alerts c. Suspension/destruction's d. New NSNs e. New depot items f. Excess	TEACHING METHODS/LEARNING OBJECTIVES Review and discuss AFMLL; quality items, request procedures, and importance of recall/hazards alerts.
X. Quality Assurance a. AFMLL b. Message Suspensions c. Complaints	TEACHING METHODS/LEARNING OBJECTIVES Review and discuss AFMLL; quality items, request procedures, and importance of recall/hazards alerts.
XI. Non-medical Issues	TEACHING METHODS/LEARNING OBJECTIVES Review and discuss methodology to obtain non-medical issue items
XII. Equipment Repair a. Medical Items	TEACHING METHODS/LEARNING OBJECTIVES

b. Non-medical items	c. Real property	Review and discuss methodology to request equipment repair of medical and non-medical items
EVALUATION		
<p>I. Duties and Responsibilities – Able to state primary custodial duties and responsibilities of CCM.</p> <p>II. Funds Management - Identify methods of supply discipline and obligation of funds.</p> <p>III. Medical Supply Procedures for Standard Issues – Demonstrate use of shopping guide and emergency issue requests.</p> <p>IV. Medical Supply Procedures for Local Purchase – Complete LP request with sole source letter.</p> <p>V. Turn-ins – Discuss use of DD Form 1150</p> <p>VI. Medical Supply Management Documents – Identify lists/forms to be maintained in custodial folder</p> <p>VII. Medical Equipment Management Procedures – Discuss equipment management principals.</p> <p>VIII. Medical Equipment Management Documents – Identify items to include in three year equipment list and maintenance of custodial receipt.</p> <p>IX. Air Force Medical Logistics Letter – Discuss use and procedures for use of AFMLL.</p> <p>X. Quality Assurance – Display understanding of quality program in relation to medical logistics.</p> <p>XI. Non-medical Issues – Perform non-medical issue request</p> <p>XII. Equipment Repair – State equipment repair procedures.</p>		

BLOCK ELEVEN	
MEDICAL ADMINISTRATION ACTIVITIES 4N0XX QTP Volume 6, Module 1	
OBJECTIVES	
Knowledge and Attitude 1. Familiar with Third Party Liability (TPL) Program. 2. Maintenance of outpatient records 3. RMO functions i.e., patient counts, logs, and reports Skills Demonstrated 1. Complete AF Form 1488, Injury Log for SJA to determine TPL 2. Establish and maintain patient record file system IAW established guidelines 3. Accomplish forms, logs, etc... in determining patient status and counts. 4. Initiate and manage AF Form 1480a, Summary of Patient Care.	
TOTAL TIME NEEDED FOR LESSON	
2 HOURS	
RESOURCES AND MATERIALS NEEDED	
References: AFI 44-103, The Air Force Independent Duty Medical Technician Program/Medical Support For Mobile Medical Units/Remote Sites. Current MMU/Site Support Plan	
LECTURE OUTLINE	
I. Third Party Liability a. Objective b. Determination of liability c. Advantages	TEACHING METHODS/LEARNING OBJECTIVES Discuss specific instructions/OIs pertinent to site activities concerning TPL and necessity of accurate reporting. Examples of patient care record, SF 600, numbering requirements, etc.
II. Records Management a. File Folders b. Folder preparation c. Contents of records d. Preparing SF 600	TEACHING METHODS/LEARNING OBJECTIVES Discuss specific instructions/OIs pertinent to Site activities concerning TPL and necessity Of accurate reporting. Example of patient care record, SF 600, numbering requirements, etc...
III. Resource Management a. AF Form 555, Patient Log	TEACHING METHODS/LEARNING OBJECTIVES

b. Where to send copies. NOTE: Other RMO functions (budgeting, funding, etc...) is listed in Medical Logistics!	Set up examples of AF 555, Patient Log
EVALUATION	
EVALUATION I. Third Party Liability—Accurate recording of AF 1488, Injury Log. II. Records Management—State proper maintenance procedures for medical records. Prepare SF 600, Health Record—Chronological Record of Medical Care, Version 1. III. Resource Management IV. Ensure related QTP has been completed	

BLOCK TWELVE	
NUCLEAR WEAPONS PERSONNEL RELIABILITY PROGRAM (PRP)	
OBJECTIVES	
Knowledge and Attitude <ol style="list-style-type: none"> 1. Be familiar with DoDD 5210.42, Nuclear Weapons Personnel Reliability Program 2. Be familiar with AFI 36-2104, Nuclear Weapons Personnel Reliability Program 3. Maintenance of Medical Records (to include Outpatient and Dental) 4. Be familiar with AF Form 286, PRP Certification Worksheet 5. Know the difference between potentially disqualifying information (PDI) and disqualifying information (DI) 6. Know the differences between suspension, temporary decertification, and permanent decertification. 	
Skills Demonstrated <ol style="list-style-type: none"> 1. Review health records to identify potentially disqualifying information (PDI) 2. Conduct patient interview to clarify PDI 3. Document PDI in <u>sufficient</u> detail 4. Continually assess individual reliability and communicate to certifying official (CO) 5. Complete PRP notification stamp 	
TOTAL TIME NEEDED FOR LESSON	
6 HOURS	
RESOURCES AND MATERIALS NEEDED	
References: DoDD 5210.42, Nuclear Weapons Personnel Reliability Program AFI 44-103, The Air Force Independent Duty Medical Technician Program/Medical Support For Mobile Medical Units/Remote Sites AFI 36-2104, <u>Nuclear Weapons Personnel Reliability Program</u> Current MMU/Site Support Plan <u>if supporting a site</u> PRP Stamp	
LECTURE OUTLINE	
I. Certification Procedures/Initial Assessment	TEACHING METHODS/LEARNING OBJECTIVES

<ul style="list-style-type: none"> a. Health records review for PDI/DI <ul style="list-style-type: none"> 1. Medical, Dental, Mental, Family Advocacy, etc. b. Conduct personal interview c. Validate PDI/DI findings d. Obtain CMA recommendation e. Refer patient for CMA exam and/or record review as needed <ul style="list-style-type: none"> 1. Complete AF Form 286, <i>PRP Certification Worksheet</i> 2. Forward PDI/DI and CMA recommendation to CO by letter 3. Maintain copy of this letter in medical records 4. Provide enough detail so the CO may accurately assess reliability f. Distinctively identify and catalog PRP health records <ul style="list-style-type: none"> 1. Place red tape over last digit of the SSAN 2. Insert AF Form 745 into part II of medical and dental health records. 3. File PRP records separately from non-PRP records g. Maintain accountability at all times 	<p>Read and discuss specific directives pertinent to site PRP. Demonstrate placement of red tape and proper filing of AF form 745. Demonstrate proficiency in Identifying, Documenting and Reporting PDI/DI. Conduct interview to validate PDI/DI findings. Accurately complete AF Form 286. Complete sample PDI/DI letter to CO with medical recommendation.</p>
<p>II. Continuing Evaluation/Assessment</p> <ul style="list-style-type: none"> a. Evaluate and report conditions which impact reliability <ul style="list-style-type: none"> 1. Consider all medical, physical, and emotional issues 2. New PDI/DI disclosed after initial PRP certification b. Requires updated PDI/DI letter and CMA recommendation <ul style="list-style-type: none"> 1. Forward letter and recommendation to CO 2. Maintain copy of letter in medical records c. Prescribed medications 	<p>TEACHING METHODS/LEARNING OBJECTIVES</p> <p>Provide situations requiring/not requiring notification, with CMA recommendation, and allow opportunities to interact with various scenarios. Discuss how to report and document new PDI/DI.</p>

<ol style="list-style-type: none"> 1. Consider expected/unexpected side effect and first time use. 2. Document trial usage and effects/no effects 3. Derogatory non-medical PDI/DI disclosed during patient visit d. Contact CMA and obtain PRP recommendation e. Document notification via PRP stamp 	
<p>III. Health Record Maintenance</p> <ol style="list-style-type: none"> a. Must be in chronological order b. Use PRP stamp for ALL patient encounters c. Dental record annotation, SF 603/603a d. Use a PRP stamp only if a notification is required. e. Write PRP NO prior to entry if notification is not required f. Peer review all entries g. SOAP note supports PRP determination/recommendation h. PRP stamp completeness i. CMA recommendation 	<p>TEACHING METHODS/LEARNING OBJECTIVES</p> <p>Discuss documentation (accuracy and in sufficient detail). Importance of COMPLETELY filling out the PRP stamp. Have individuals write a SOAP note with supportive information on PRP notification stamp.</p>
<p>IV. Permanent Decertification Action</p> <ol style="list-style-type: none"> a. Document date, time and reason for decertification (applies to dental and medical health records) b. Remove PRP identification from health records c. File records with non-PRP records 	<p>TEACHING METHODS/LEARNING OBJECTIVES</p> <p>Discuss procedures for permanent decertification. Have individual demonstrate documentation requirements, filing and removal of PRP identification tape and AF Form 745.</p>
EVALUATION	
<p>EVALUATION</p> <p>I. Read PRP directives; review health records for PDI/DI; conduct personal interviews; obtain CMA recommendations; document review, interview and evaluation in medical records; complete AF Form 286; forward PDI/DI letters to CO in sufficient detail; distinctively identify health records</p> <p>II. Report conditions which affect reliability; report new PDI/DI; obtain CMA</p>	

Recommendation, relay CMA recommendation to CO or designated personnel via PRP Stamp

III. Chronologically document entries; use PRP stamp for each patient encounter; peer review all entries.

IV. Properly document date, time, and reason for permanent decertification in medical/dental records; remove PRP identification from medical/dental records; file with non-PRP records health records

Attachment 7**SELF-ASSESSMENT CHECKLIST
QUALITY/SELF-ASSESSMENT
CHECKLIST FOR IDMT SUPPORT MONITORS**

1. Prior to initiating this assessment, the most current AFI 44-103 and appropriate MAJCOM Supplements were reviewed by the inspector.

2. Was a self-assessment completed within 30 days of appointment as the IDMT monitor? Was this checklist used? Was a MAJCOM checklist used?

3. Are problems or deficiencies being identified, tracked and resolved?

4. Did the HMTF prepare a Site Support Plan?

4.1. Has this plan been coordinated with site personnel and approved by the MAJCOM?

4.2. Is there a properly maintained 6-part folder for **each site** supported by the HMTF? Is there a copy of the current/approved Site Support Plan in each of the site folders?

5. Has the HMTF commander appointed required personnel IAW AFI 44-103?

5.1. Has a medical preceptor been designated in writing by HMTF commander?

5.2. Has a dental preceptor appointed in writing by the HMTF senior dental officer?

5.3. Has an IDMT monitor been appointed in writing by the MTF commander?

5.4. Are copies of appointment letters sent to site IDMTs and unit commanders?

6. Do preceptors have current guidance and understanding of their roles and responsibilities as IDMT preceptors?

6.1. Do preceptors encourage IDMTs use of and adherence to AF IDMT Protocols?

6.2. Are treatments performed using AF IDMT protocols?

6.3. Do additional treatment protocols (not in AF IDMT protocol list) have MAJCOM approval? Do preceptors have copies of current changes?

6.4. Does the preceptor review 100% of IDMT patient treatment using copies of medical records?

6.5. Is written feedback of the preceptor's record reviews forwarded to IDMTs?

6.6. Is quality of care by IDMTs a standard agenda item for the appropriate HMTF quality services function?

7. Are SAVs adequately conducted by the HMTF to support operations at the site? Are deviations from semiannual visits identified by the MAJCOM-approved site support plan.?

7.1. MAJCOM Representative (or Designee)

NAME: _____ PH _____
Date of _____ Filed _____ Training
Last SAV: _____ In: _____ Conducted:

7.2. IDMT Monitor

NAME: _____ PH _____
Date of _____ Filed _____ Training
Last SAV: _____ In: _____ Conducted:

7.3. Physician Preceptor:

NAME: _____ PH _____
Date of _____ Filed _____ Training
Last SAV: _____ In: _____ Conducted:

7.4. Dental Preceptor:

NAME: _____ PH _____
Date of _____ Filed _____ Training
Last SAV: _____ In: _____ Conducted:

7.5. Pharmacy Representative:

NAME: _____ PH _____

Date of	Filed	Training
Last SAV:	In:	Conducted:

7.6. Bioenvironmental Engineering:

NAME: _____ PH _____

Date of	Filed	Training
Last SAV:	In:	Conducted:

7.7. Public Health:

NAME: _____ PH _____

Date of	Filed	Training
Last SAV:	In:	Conducted:

7.8. Medical Logistics:

NAME: _____ PH _____

Date of	Filed	Training
Last SAV:	In:	Conducted:

7.9. Patient Administration:

NAME: _____ PH _____

Date of	Filed	Training
Last SAV:	In:	Conducted:

7.10. PRP Point of Contact:

NAME: _____ PH _____

Date of	Filed	Training
Last SAV:	In:	Conducted:

7.11. BMET Point of Contact:

NAME: _____ PH _____

Last SAV:	In:	Conducted:
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7.12. Health Promotion and PPIP Point(s) of Contact:

NAME: _____ PH _____

Date of	Filed	Training
Last SAV:	In:	Conducted:

-
8. Is there a master schedule of Staff Assistance Visits for supported sites?
-
9. Are AF and MAJCOM special interest items evaluated during each SAV by HMTF representatives?
-
10. Do SAV members conduct an out-brief with the site commander and explain pertinent findings?
-
11. Do visiting HMTF or command representatives conduct in-service training during SAVs?
-
- 11.1. Is in-service training documented on the report of SAV?
-
12. Are written reports of the SAV sent by the HMTF commander to the site commander within 10 days of the SAV?
-
- 12.1. Is a copy of each SAV report sent to MAJCOM Manager?
-
- 12.2. If A dental SAV is performed by a facility other than HMTF, or if a biannual visit by the mobile dental team fulfills the SAV requirement, is a copy of the SAV report also sent to dental preceptor?
-
13. Are items left open by the SAV given a suspense date for correction and does the HMTF follow up on the IDMTs' compliance in meeting the suspense?
-
14. Is the HMTF IDMT monitor involved in site self-assessment activities?
-
15. Has the HMTF developed a system which adequately plans and coordinates ordinary leaves in support of IDMTs at each site?
-
16. Does the HMTF provide IDMTs with copies of publications and articles of interest such as *The Nightingale Express*, MAJCOM Updates, EMT newsletters, or other?
-
17. Are IDMTs assigned to MMUs given appropriate duties in the MTF when not deployed?
-
18. Are operating instructions (OIs) provided by the HMTF/MTF?
-

18.1. Is there guidance available for use by the IDMT to support weapon controllers and personnel on flying status (AFI 48-123)?

18.2. Is guidance for medical vehicles/vehicle control available (AFMAN 24-306, AFR 24-301 and local directives)?

18.3. Are there written instructions governing procedures for the IDMT to follow during alleged sexual assault cases and describing roles and responsibilities for preservation of medical evidence?

18.4. Are there OIs available governing the locally approved laboratory procedures?

18.5. Is there guidance for administration of health care activities?

18.6. Is the Infection Control Program for IDMTs realistic? Do they focus upon operations conducted on site versus in those of a MTF? (AFI 44-108)

18.7. Is there Cost Center Management guidance available to the IDMTs?

18.8. Has the MTF medical logistics office provided guidance for the IDMT?

18.9. Has the Public Health office provided guidance for the IDMTs compliance in reporting of communicable diseases and other public health issues?

18.10. Has PH provided IDMT-specific guidance for the Employee Health Program (AFI 48-110 and AFI 44-102)?

18.11. Is Bioenvironmental engineering support guidance available?

18.12. Has the HMTF provided guidance for the administration of the PRP program?

18.12.1. Did the HMTF commander appoint IDMTs to conduct PRP reviews and make recommendations on reliability? (AFI 36-2104, para 2.4.1)

19. Are clinical OIs reviewed, approved, signed by preceptor?

19.1. Has the director of TRICARE reviewed all administrative OIs?

19.2. Is guidance reviewed at least every two years?

20. Has an annual review and approval of the IDMT authorized drug list been accomplished by the MTF P&T Committee?

20.1. Does the formulary specifically identify medications which the IDMT may dispense without consulting a physician?

20.2. Are exceptions to the AF standard IDMT authorized drug list reviewed by the MTF P&T committee and forwarded to MAJCOM for approval?

21. Are IDMTs assigned to MMUs only dispensing medications at their deployed location?

22. Are IDMTs dispensing medications in accordance with JCAHO requirements and pharmacy practice standards?

23. Are all medications dispensed documented in the patient medical record and electronic patient profile (CHCS) if available?

24. Is there documentation in the medical record that patients were counseled appropriately about the use, storage, and potential adverse effects, side effects, warning, precautions, and interactions with other prescribed medications, foods, or disease states?

22. Did all IDMTs complete initial three week orientation at the MTF?

23. Did all IDMTs have a CFETP? (Incl. MSgts)

23.1. Does training and documentation conform to Enlisted Specialty Training guidance and CFETP 4N0X1 SEI 496 requirements?

23.2. Are tasks in section 15 of the CFETP certified by IDMT monitor?

23.3. Is the IDMT's proficiency to treat medical and dental disorders documented by preceptors on AF Form 623a?

23.4. Is there a signed statement of certification by the chief of professional services on AF Form 623a?

24. Is refresher training at the MTF conducted annually for all IDMTs?

25. Is quarterly training conducted for IDMTs assigned to the MTF?

26. Are all IDMTs current as BLS Instructors?

27. Are IDMTs trained in ACLS (recommended) and PHTLS?

28. Are all supported IDMT's maintaining current status as an NREMT?

28.1. Has the IDMT monitor taken an active position in ensuring continuing education requirements for NREMT are met?

28.2. Do the site IDMTs track and take advantage of continuing education options that are available?

29. Are IDMT Job Descriptions and Performance Standards current and comprehensive?

30. Are current and adequate AFIs and reference books available to support IDMT program? Does IDMTs on-site have adequate reference resources?

31. Did the HMTF budget adequately to meet medical and dental funding requirements to support IDMT activities on site or in MMUs?

32. Is the list of approved equipment, supplies and medications (as found in the IDMT's shopping guide and site equipment custodian list) signed by the HMTFs Commander or appointed representative?

33. Is equipment required for operational requirements identified and available for deployment?

34. Is there an equipment replacement plan? Has the senior IDMT on site effectively programmed for future needs?

35. Are contracts for civilian medical care or contract physician (if used) reviewed and approved using established guidance?